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filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

	Perol	be		P
hysician.	s been signed by the attending physician and completely filled in by the peral	page 3 shauld be selected for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shall be for	the registrar prior to burial, crematian, as removal, and in any event within 72 hours after death.	
ng physic	e hos bee	burial-tro	removol,	
of offendi	certificat	e as the	otion, or 1	
hospitol	Affer this	hed for us	riol, crem	
o by the	REG R:	be soloc	or to bu	
may be retained	TO FUNERAL DIR	page 3 shauld b		
N	415	55	)	

		18	76	CERTIFIC	-741	E OF DEA	4111			Reg. Di	ist. No.		
1.	PLACE OF DEATH COUNTY Freder	ick		MARYLAN	- 11	USUAL RESIDENCE o. STATE		ylan	. b. COUNTY	4000	der		ion)
1	RURAL and give ne	outside corporate limits, v orest town) 27 SV111e	rrile c. LEI	Suecus	×	E. CITY OR TOWN			ote limits, write RI Ville	JRAL and	give nea	rest town	1)
	W	AL (If not in hospital, give	street oddres	5)	7	d. STREET ADDRE		7015	7 1 1 1 1 0				IDENCE FARM? NO T
3.	NAME OF DECEASED (Type or print)	Etta	C.	Middle Summer	-	Baker		4. DATE OF DEATH	Mon 2		700		Yeor 19 59
	sex female	6. COLOR OR RACE 7.		NEVER MARRIED	5	/25/188!	5		9. AGE (In years Jest birthday) yrs.	Months	Doys Doys	Hours	Min.
100	during most of work	N (Give kind of work done ing, life, even if retired) I C	own h		DUSTRY	Mary.		-	untry)	12. CI	U.S		COUNTRY?
13.	FATHER'S NAME				1	4. MOTHER'S MAIL	DEN NA	AME					
	David S	Summers				Mary	El	len :	Harshma	n			
15.	WAS DECEASED EVER	IN U. S. ARMED FORCES		L SECURITY NO. 17	INFO	RMANT	************		Adde				
_	no		none	e 1	Virs	. Frank	Ba	ker,	Myersv	ille	, M	d.	
-	Conditions, if er gove rise to in couse (a), stoting I lying couse lost.	he under- (c)	1.600 L	and the			la la C		V				from the of
CERTIFICATION		ER SIGNIFICANT CONDITI		HOW INJURY OCCUP						EN IN PAR	T 1(o) 11	PERFO	NO
CER	OR CONTRIBUTING	MEDICAL EXAMINER)					•						
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	,,		OCCURRED 20e.	PLACE	OF INJURY (Home, street, office bldg.	form, ., etc.)	20f. (City	or lown)	(	County)		(Stote)
	21. I certify the alive on S. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	attended the de	ceased from	11	M.D	curred at /11 Boons	30	DDRESS (SH	toet, city or town,	nd on t			
220	BURIAL, CREMATION	N, 226. DATE THEREOF		NAME OF CEMETERY	OR C				ION (City, town, c	r county)		(State	e)
	REMOVAL (Specify)	2/10/19	59 Ch	of B.	Cer	eterv	1-	Harmo	april 1	edk.	co	_	4d.
23.	FUNERAL DIRECTOR'S	the same of the same of	//	ADDRESS		240.	REC'D	BY REGISTI	RAR 245. REGIS	-			
	Gladhill	Company,	Midd	lletown,	Md	DATE	FE	3 1 1 '5	9 an	they &	then	4	

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	16	377	CERTI	FICA	AIE OF D	EAIF	1		Reg. D	ist. No		
1. PLACE OF DEATH  o. COUNTY  Fre	ederick		MARY	LAND	a. STATE	ence (who	_	d lived. If institute b. COUNT	Y	nce befo		sion)
RURAL and give			c. LENGTH OF STAY	IN 15				rate limits, write	RURAL and			n)
d. NAME OF HOSP OR INSTITUTION	Springs		Life oddress)		d. STREET A			dural-R.	D-#3		e. IS RESIDENCE ON A FARM? YES NO W	
3. NAME OF DECEASED (Type or print)	GEORG		MASHIN(		Lost	RTGIS	4. DATE OF DEATH		ruary	1	_	Year 19 59
5. SEX Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRI		8. DATE OF BIRTH	0	91	9. AGE (In years last birthday) 67 yrs	Months	Doys	Hours	ER 24 HRS. Min.
190. USUAL OCCUPAT during most of wo Carper	ION (Give kind of work orking life, even if retired 1667)	1)	KIND OF BUSINESS O	R INDUS	_	CE (Stote		ountry)	12. CI	TIZEN C	USA.	COUNTRY
13. FATHER'S NAME	thias Barte	gis			14. MOTHER'S			ına Gree	n			
	FR IN U. S. ARMED FOI	RCES7 16.	SOCIAL SECURITY NO		Luther			Ad	dress	2		
Conditions, if gove rise to couse (o), stoling lying couse lost	the under-	) ) :)	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	Jack de Land	IVEN IN PA	RT 1(o)	PERFO	DRMED?
PART II. O'	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in F	ort I or Por	t II of item 18.)		1	YES [	NO A
20c, TIME OF INJU Hour a.m.	10	or 20d. It While of work	Not while	20e. PL	ACE OF INJURY (Hory, street, office	tome, farm, bldg., etc.	20f. (City	or town)		(County)		(Stole)
21. I certify is ofive on	hat I attended the	125	Yar The	death		1:30 1 Chu	M, from	reet, city or town	and an		ite state	
220. BURIAL, CREMATI REMOVAL (Specify Burial 23. FUNERAL DIRECTO	Feb.21.]		Pleasant				Fre	derick				yland
	chison & Se	n, Fr		[ary]	Land		EB 2 4	K-10- 10-	C Thun	-		

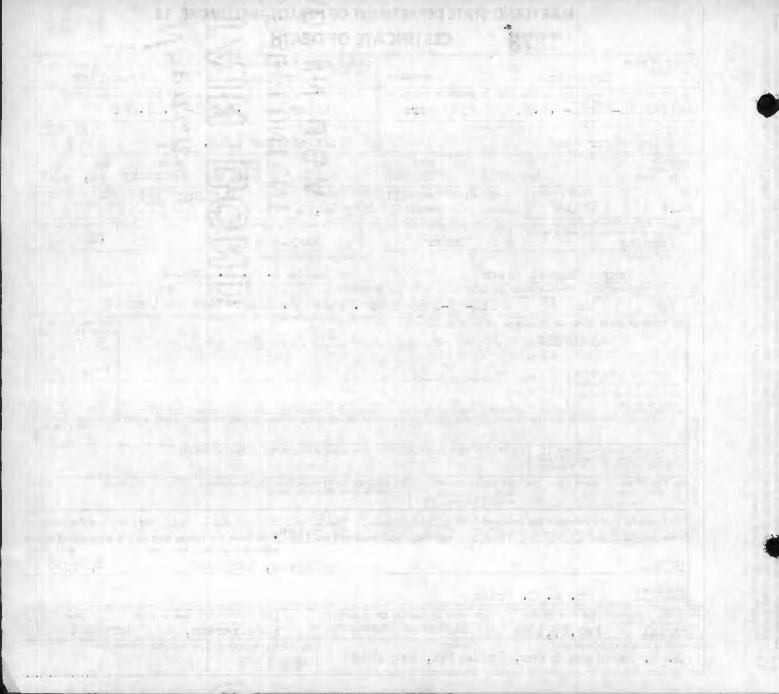
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VS A15 (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

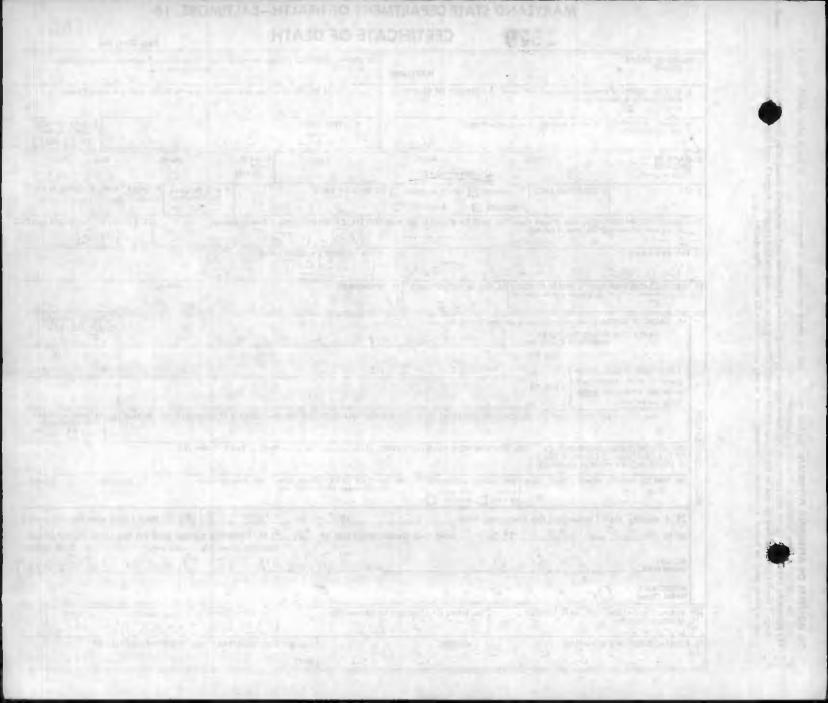
	18	18	CERTIFI	CATI	OF DEATH	H		Reg. Dis	it. No.	.00
1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAN	- []	USUAL RESIDENCE (W	here decease	d lived. If institu b. COUNT	v —	ederick	
b. CITY OR TOWN (F RURAL and give of Jefferson—	outside corporate limi grest town) RUPAL-R.D.	ts, write c.	31 Yezzs	ь	Jeffers		Pural - R			wn)
d. NAME OF HOSPIT OR INSTITUTION Poffenber	At (If not in hospitol, g	ive street odd	ress)	1	d. STREET ADDRESS Poffenber	rger R	oad.		e. IS RE ON YES [	FARM?
3. NAME OF DECEASED (Type or print)	CL/	RENCE	Middle STEPHE	N	BISER	4. DATE OF DEATH		bruary	Day 24,	Yeor 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED [	NEVER MARRIED [	200	ATE OF BIRTH	7	9. AGE (In years lost birthday)	Months	TYEAR IF UNIT	
100. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b. KIN	Owner	NDUSTRY	11. BIRTHPLACE (Slote Maryl		country)	12. CITI	USA.	T COUNTRY
13. FATHER'S NAME Hen	ry Clagett	Biser		14	Eliza		V. Bowlu	ls		
15. WAS DECEASED EVER	R IN U. S. ARMED FOR the year of dates of a NO	ervice)	1-36-0355	7. INFO	. Ethel R.	Biser		dress item	#2	
Canditions, if or gave rise to it couse (o), stating lying cause lost.  Part II. OTH	the under-	Ma	enile S iked C TRIBUTING TO DEATH	In BUT NOT	emente vologi RELATED TO THE TERM	ATT SINAL DISEAS	rosel SE CONDITION GI	VEN IN PART	2 % 2 % 1(0) 19. WAS	AUTOPSY FORMED?
G (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCU	RRED. (En	iter nature of injury in	Port I or Par	t II of item 18.)			- 1.00
ZOC. TIME OF INJURY Hour a. m. p. m.	f Manth, Day, Yes	While of work	Not while		OF INJURY (Home, form street, office bldg., etc		y or lown)	{C	iounty)	(State)
	Dr. A. T	12.5	fram. June, and that de		Jefferso	ADDRESS (S	m the causes treat, city or town	and an th		deceased ted abave DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	Feb.27,19		Lutheran				tion (City, lawn, erson,		(Skaryland	ote)
23. FUNERAL DIRECTOR'S  M. R. Etc		n, Fred	address derick, Mar	ylan	2	0 BY REGIST		ISTRAR'S SIG		



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1873	CERTIFIC	ATE OF DEATH		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who B. STATE		nstitution: Residence b	perick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IP. OF	viside corporate limits,	write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	vonic Hosp.	MONTA V	1ew		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DANIEL Thirst DECEASED (Type or print) Thomas - 9	Middle	Black ston	4. DATE OF DEATH	Month 2	Doy Year 23 1959
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2/18/9:	9. AGE (In lost birt)	years IF UNDER 1 Young	EAR IF UNDER 24 HRS. ys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10th during most of working life, eyen if retired)  TATM ADDITED	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (S10)	or foreign country)	CO / X	OF WHAT COUNTRY
DANIEL BLAC	Kston	ELIZA De TI	Prater		
15. WÁS DÉCEASED EVER IN U. S. ÁRMED FORCES? 14 (You, nouse yfinnown) (If you, give war or dafes of service)	NONE X	uth Crazular	J. R.n. Sup	t. Chron	ic. 7/05p.
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(p) for (0), (b), and (c).]	Hework	ofr.		STARYS.
Canditions, if ony, which by gove rise to immediate	arterio Sc	lerois	1		340.
couse (e), storing the under- lying couse lost.					
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH URLE THERE, NOTIFY MEDICAL EXAMINER					PERFORMED?
	SCRIBE HOW INJURY OCCURRI			18.)	
A Hour o. m. Whil		LACE OF INJURY (Hame, farm, octory, street, office bldg., etc.	20f. (City or town)	(Cour	nty) (State)
21. I certify that I attended the decedance of the second	59_, and that deat				t saw the deceased date stated above
ACTUAL SIGNATURE ATTRICE	ic		ADDRESS (Street, city or 16 T ST. 7		Theo Fd-241
PHYSICIAN'S DIA. H. F.	Kline	Fred	erick		md.
220. BURIAL, CREMATION, 226. DATE THEREOF PULLAL SOCIETY 2-27-59	ST. PAU	CREMATORY S	DeLLA -	Fred. Co	o, Md.
23. FUNERAL DIRECTOR'S SIGNATURE	TITADORESS /	V) 240. REC'E		REGISTRAR'S SIGNA	ATURE

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 FilmG239 3-5-59 et CERTIFICATE OF DEATH 0.18551847 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY b. COUNTY MARYLAND Frederick Mary land Frederick ofter death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMZ West 4th Street West 4th Street YES NO PA puo 2 NAME OF 4. DATE Middle Lost Month Filled Day Year (Type or print) Poges Tallia. DEATH Fogle Bover February 18 19 59 5, SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED completely B. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (Sephirihday) Months Days August 8, 1888 Min. White Female WIDOWED A DIVORCED | 7 Orn papers. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housekeeper Maryland U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grant Fogle Malinda May Eyler physici IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 214-10-4070 no no Charles Thompson Frederick Maryland 18. CAUSE OF DEATH [Enter only one cause per tige for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c). ö 1 dos Utracy DUE TO Tuesla deine py Conditions, if any, which ony gave rise to immediate DUE TO 8 cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) g. n. factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from 6-1 195 that I last saw the deceased and that death occurred at AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S Frederick, Maryland NAME (Type) Bourne FUNER 22c. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Walkersville, Maryland 20 Glade Cemetery Buria 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) Frederick, Maryland DATECD

TO HOSPITAL

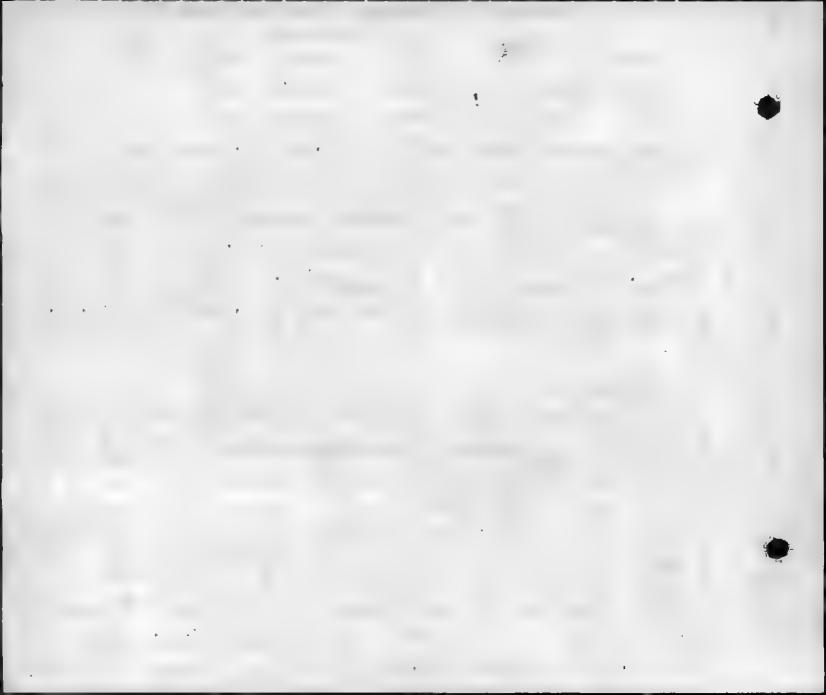
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VS A15 (4) 15M 9/55 0

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		18	48	CERII	FICA	IE OF D	EAIF	1		Reg. Dis	ıt. No.		
1. PLACE	OF DEATH					2 USUAL RESIE	ENCE (Wh	ere deceased	lived. If instituti		ce befa	re admis	iion)
B. CQC		lerick		MARY	LAND	a. STATE	Md.		b. COUNTY	Fred	leri	ck	
		outside carparate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	ulside corpoi	rote limits, write f	RURAL ond g	give nea	rest tow	n}
Free	demi ek			7 days	1	Fre	deric	k					
d. NA/	ME OF HOSPITA	L (If not in hospital, g	ive street	oddress)		d. STREET A				_		e. IS RES	SIDENCE FARM?
1.3				ial Hospit	al	20 S.	Cour	t St.					NO 🗍
3. NAME DECEA	OF	Fir	rst	Middle		Los		4. DATE	Mor	nth	Da	у	Year
(Type o		rie Mav H	a.l.lma	n-Alias-Br	ovm			OF DEATH	2		L9		1959
S. SEX				IEDIX NEVER MARRIE		DATE OF BIRTH	1		9. AGE (In years	IF UNDER	$\overline{}$	IF UND	ER 24 HRS
F		C	WIDOWI	DIVORCE		6-23-19	05		last birthday) 53 yrs	Months	Days	Hours	Min
10a USU/	L OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTR	RY 11. BIRTHPL	ACE (State	ar foreign co	iuntry)	12. CIT	IZEN O	F WHAT	COUNTRY?
	nestic	ig me, even n rames	'	******		Fre	deric	k. Md.					
13. FATHE	R'S NAME					14. MOTHER'S							
Jol	n A. Do	orsev				Mage	ie L.	Di11:	ard				
	ECEASED EVER	IN U S. ARMED FOR		SOCIAL SECURITY NO	. 17, INF	ORMANT		,	Add	ress		•	
No	(1)	yet, give wor or ocies or s		3-24-8872	Ma	ry Wils	on -	22 S.	CourtSt	reet	Fre	d. L	id.
18 C	AUSE OF DEAT	H [Enter only one co	use per li	ne for (0), (b), and (c)	) .						INTE	RVAL BE	TWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (o	a	Constr	ral	iende-	- V	LA TO				ET AND	
3	32X	DUE TO		1.1	4							1000	1
Con	ditions, if any	y, which ) g	0	Huma	iter	verco-	Juli-	~ * A	100x=V	have,	L	10 mg/	e las
	e rise to im e (a), stoting th		,	0 20				1					
	cause lost.	) (c	:)										
NO	PART II. OTHE	R SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	T 1(o) 1	WAS	AUTOPSY ORMED?
CERTIFICATION OB CO (IF EIT													NO 🗌
20a.	CCIDENT WAS	UNDERLYING A	20b. DES	O YAULNI WOH BEIND	CCURRED.	(Enter nature al	injury in P	art 1 or Part	If of item 18.)				
	HER, NOTIFY N	EDICAL EXAMINER)											
	ME OF INJURY	Month, Day, Ye		JURY OCCURRED	20e. PLAC	E OF INJURY (I	lome, farm,	20f (City	or town)	(C	ounly)		(State)
WED WED	p. m.	19	While of war	Not while	1000	. , , , , , , , , , , , , , , , , , , ,	orog., etc.	1					
21, 1	certify the	it I attended the	deceas	ed from 2	/	19.57	. to	2-19	7 , 19 5	9.that 1.1	ast sa	w the	decensed
alive	on	2-18	. 195	9 and that					the causes				
									reet, city or town,		,,		ATE SIGNED
ACTU	AL ATURE 18	Sure di /	77.2	2 libra	M.	D. 3	5 4	thin	ch. 7.	uolun	whi.	nd.	2-20-
	CIAN'S	12 . 2	(20	Prom	,,,,,,								
NAM	E (Type)	Rick R	1110	a I'm		4 rate wite rate with rate After some or							
220 BURI	AL, CREMATION	, 22b. DATE THEREC	)F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stat	e)
Buri	DVAL (Specify)	2-23-59		Fairvie	W			Fred	erick, M	4.			
23. FUNER	AL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC/1	BYZREGIST		STRAR'S SIC			
Char!	les E. F	Hicks 111	Fred	lerick. Md.			DATE			ulwy d.	10,00	Der	



VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

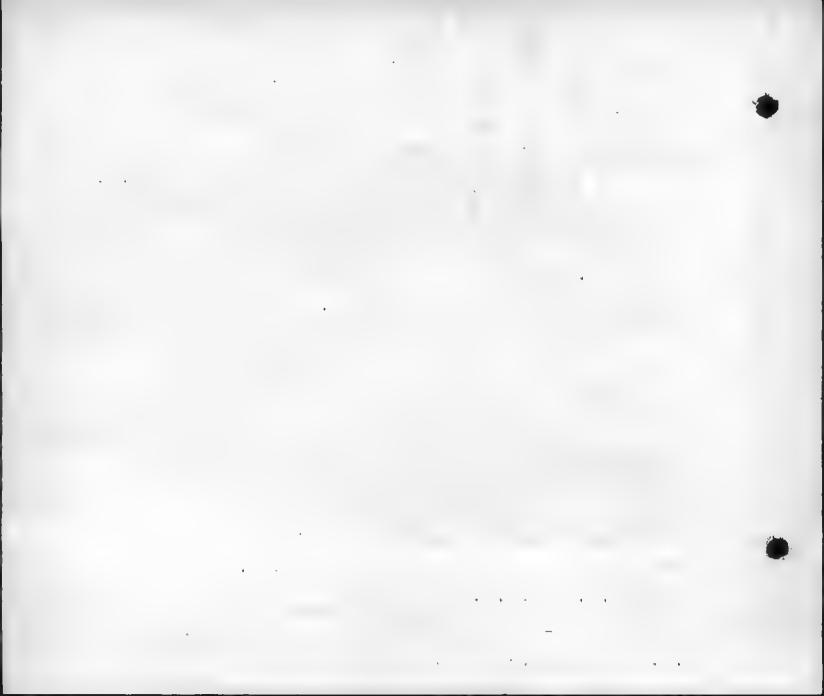
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1880

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Fre	ieriek		MARYLA	ll-	2. USUAL RESIDE	DENCE (Wh		ved. If instituti b. COUNTY	on. Residence	before o	dmission)	
	b. CITY OR TOWN (III RURAL ond give ne Jefferson-	outside corporale limi grest loven) Rural RD#1	ts, write	c. LENGTH OF STAY IN	1 16				e limits, write R	_	re nearest	lown)	
7	d. NAME OF HOSPIT. OR INSTITUTION Jefferson—	AL (If not in hospital, g Burkittsvi				d. STREET ADDRESS  Jefferson-Burkittsville Road  e. IS RESIDED ON A FAI YES  N							VI?
	3. NAME OF DECEASED (Type or print)	VIO		Middle LOUISE		BRUBAKE		4 DATE OF DEATH	Mor Fe	bruary	Day	Yeor 195	9
	s sex Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED ED DIVORCED	_ ;	DATE OF BIRT	- 0	9.	AGE (In years lost birthdoy)  61 yrs	Months D		JNDER 24	
	during most of work House-	ing life, even if retired	done 10b.	Own Home	INDUST		ACE (Stote o		try)		EN OF W	HAT COU	NTRY?
j	13 FATHER'S NAME	_				14. MOTHER'S							
		l W. Brown				Emma V	Vright						
	No	If yes, give war or dates of s	ervice)	None		ther R.	Bruba	ker (	Add Same as		#1)		
	PART I. DEA'  4442 X  Conditions, if or gove rise to in	Conditions, if ony, which gove rise to immediate couse (a), stoling the under DUE TO DUE TO DUE TO DUE TO											
)	PART II OTH			CONTRIBUTING TO DEAT	H BUTA	IOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	VEN IN PART	P	VAS AUTO	)?
	OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture o	f injury in P	ort I or Part II	of item 18 ]				
	20c. TIME OF INJURY	/ Month, Day, Yes	While		De. PLAC focto	E OF INJURY ( pry, street, office	Home, form, e bldg , etc.)	20f (City or	town)	(Co	unty)	(Si	tote)
	21. I certify the alive an	at I attended the	deceas	and that d	eath o			ADDRESS (Stree	the causes of city or fown,		date :		bave. IGNED
/	- 1 11 1	. T. Brice										A-1	
	220 BURIAL, CREMATION REMOVAL (Specify) BUTIAL	2-10-59	F	20c NAME OF CEMETE Lutheran					rson, M			(Stote)	
	23 FUNERAL DIRECTOR'S M. R. Etch		, Fre	ADDRESS ederick, Mar	ylar	ad	24a. REC'D	BY REGISTRA		STRAR'S SIGN			



01858

1881

**CERTIFICATE OF DEATH** 

Rea Dist No

	⊨	
iar		PLACE OF DEATH  o. COUNTY  PLACE OF DEATH  o. COUNTY  O. STATE  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  o. STATE  MARYLAND  D. COUNTY  DEDEDEDEDEDEDEDEDEDEDEDEDEDEDEDEDEDED
	7	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
		EREDERICK VEARS X FREDERICK
7		d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  ROUTE I  OR A FARM?  YES NO
		NAME OF DECEASED Lost A. DATE Month Day Year DECEASED (Type or print) CHARLES EDWARD BRUCHEY DEATH F.B. 6 1959
	S. 5	SEX   6. COLOR OR RACE   7. MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   loss pirth day)   Manths   Days   Hours   Min.
		MALE WHILE WIDOWED DIVORCED 3/19/1885 73 yrs
	10a	3 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTAPPACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
		REACKSMITH FARM MACH MARYLAND 1 ().
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Ι,	FERREE IN BRUDNEY GEORGIANNA HARGETT
	16	WAS DECEASED EVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO. ]7. INFORMANT  Address  Address  On the first of the fir
1	(Ye	15, not, or phinown) [If yes, give wor or dots of service]
L	<u> </u>	NO NONE HIRS, CARRIEM, BRUGHEV FREDERICK
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  Authorized Colors Colors  Authorized Co
		DUE TO
		1 1 7- 1
		Conditions, if ony, which gave rise to immediate (b)
		cose (a), stating the under DUE TO Circles there there I will all the state of the
	l_	lying couse last. (c)
2	o Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
)	₹.	YES NO NO
	Ě	20a ACCIDENT WAS UNDERLYING D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.)
	A CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MEL	Hour a.m.  While Not while of wark at wark at wark
	_	21. I certify that I attended the deceased from Land 1957, that I last saw the deceased
		1/4:
		alive on
		ADDRESS (Street, city or town, stote)  DATE SIGNED
		SIGNATURE M.D. THE MADE MADE MADE MADE MADE MADE MADE MAD
1		PHYSICIAN'S BEYE
I		NAME (Type) 12: 1 Comics Feb. 21727
	220	BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d LOCATION (City, fown, or county) (Slote)
	1	PREMOVAL (Specify) 2/9/59 REAVER DAM CEM FOR SERICU CONTY WA
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REGISTRAR 240, REGISTRAR'S SIGNATURE
	1	
		Destatales a Sons Lylies by town May DATE F.B 1 0'59   C-1 2 three

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be a cheef for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shat the registre prior to burial, cremition, or manaval, and in any event with 72 hours after death.

eral director,



1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11850

e. IS RES DENCE

ON A FARMS

YES | NO

Year

10 59

Frederick

28

Days

(County)

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES 🗍 NO 🎮

(Stote)

DATE SIGNED

(Stote)

Marvland

Rea, Dist. No.



death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1857 **CERTIFICATE OF DEATH** Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY O. STATE **b.** COUNTY Freelersel MARYLAND REDERICK b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Try devel FREDERICK d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM 2 2 YES NO 3. NAME OF Middle Lost DATE Month Year DECEASED OF DEATH (Type or print) 195 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Manths WIDOWED [ DIVORCED | yrs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? corbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician Donald (arrock No becce a femave Address ES, WAS DECEASED EYER IN U. S. ARMED FORCES? 186, SOCIAL SECURITY NO. 17. INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 4.0 **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** coese (a), stating the underlying cause last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Port III of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Day, Year 20d, INJURY OCCURRED (County) (State) Hour o. m. factory, street, affice bldg., etc.) Not while at wark of work p. m. \_\_\_ 19\_52, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at\_9 LLM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL shoul PHYSICIAN'S ELDRICH NAME (Type) FUNER, 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City) tawn, or county) (State) page REMOVAL (Specify) "A 1 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

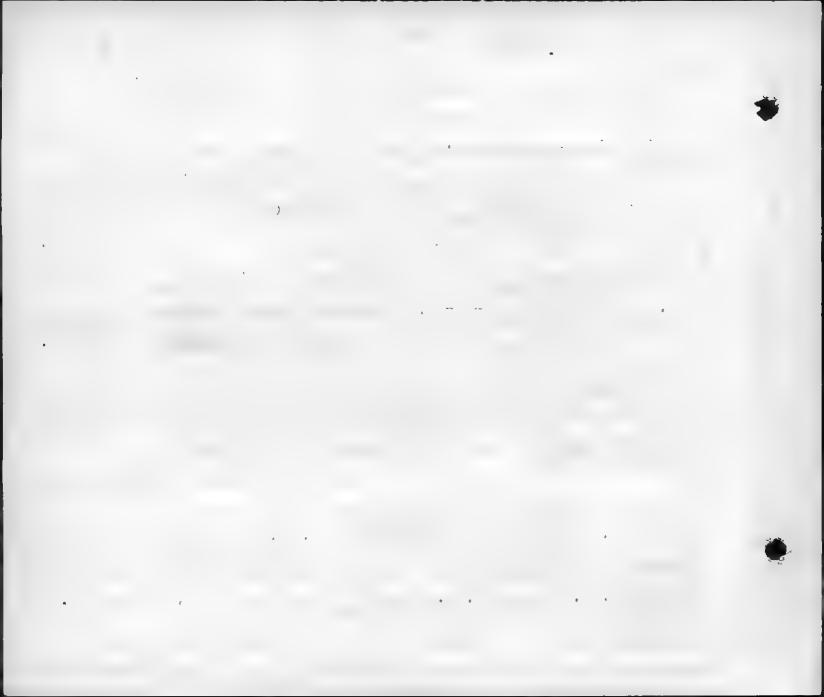
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO FUNERAL DIRECT page 3 should be de-TO HOSPITAL OR VS A1S (4) 1SM 9/SS

	CITY OR TOWN (II RURAL and give ne	outside corporate limit	ts, write	c. LENGTH OF ST	AY IN 1b	c CITY OR	TOWN (If	outside corp	or <mark>ole l</mark> imits, write	RURAL ond g	ive negre	est town)	
	Freder	fick		I Wee	ak	Bruns	wick						
d	NAME OF HOSPITA	At (If not in hospital, g	ive street	oddress)		d. STREET #	DDRESS	1			e.	IS RESIDI	
F	rederic	k Memori	al H	ospital		I2 Sou	th M	aple	Avenue			YES T	
3. NA	IME OF	Fire		Mid	dle	Los		4. DATE		anth	Day	Yec	OI .
	CEASED pe or print)	Exie		Alva		Carte		OF DEATH			27	19	-
S. SEX			7. 444.00	IED NEVER MAI	PRIED [	B. DATE OF BIRT		1	0 405 0	IN LINIDER	YEAR II		
	Pemale .	White	WIDOWI	_	CED [			890	6 gsl birthday	Months		Hours	Min.
10a. L	SUAL OCCUPATIO	N (Give kind of work of ng life, even if retired	lone 10b.	KIND OF BUSINESS	OR INDU		,		ountry) Mar ylan			WHAT CO	OUNTRY?
	THER'S NAME					14. MOTHER'S	MAIDEN	NAME					
(	eorge 1	A. Merrim	an			Alic	e Ja	ne Ma	artin				
		IN U. S. ARMED FOR		SOCIAL SECURITY I	NO. 17.	NFORMANT			A	dress			
Tes, A	NO NO	If yes, give wor or dates of s	ervice)		R	ichard	T. 0	arter	r I2 S	outh 1	Map]	Le A	ve.
16	. CAUSE OF DEA	TH [Enter only one co	use per li	ne For (a), (b), and	(c).]			*			INTER	VAL BETW	VEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	10	6/600	1	nous	2	ruc)			CHSE	CANDO	CLYZ
	420.0	DUE TO			0	. —	C		A D			1	
	Conditions, if or		<u> (                                   </u>	استعالت	reli	Ju- w	- be	بالمتعد	oli du	recor		Spo	80
	gave rise to In casse (a), stating t											0	
	lying couse last.	) (c	)										
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	ć	1	THE TERM	AINAL DISEA	SE CONDITION O	TO COM	انہ	WAS AU PERFORM YES 1	MEB2
	OO ACCIDENT WA OR CONTRIBUTING FEITHER, NOTIFY	UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURR	D. (Enter nature o	f injury in	Port or Po	rt (1 of (tem 18.)		ð"		
WEDICAL	Hour a.m.	Month, Day, Yes	or 20d. II White at war	NJURY OCCURRED  Not while  t of work	20e. Pl	ACE OF INJURY ( clory, street, office	Home, for bldg., et	m, 20f (Cil	y or lawn)	(C	ounty)		(State)
2	l. I certify th	at / attended the	deceas	ed from 2	1.71	19.5.8	, to	2/2/	19	Zthat I li	ast sav	v the do	ecenter
	live on 3	127/5	7. 19			occurred at		OM fro					
"	<i>-</i>	P	(	7		, _ ( )	7		Street, city or law		2 dale		E SIGNED
A	CTUAL SONATURE	rauk	CLL	acion	30 1	M.D.	7 6	U 5	red )	t ires	(/,	2/	25,5
	HYSICIAN'S	FrAK	K'	DA.	MA	220	~-~					,	
	iurial, crematio iemoval (specify) Burial	Mar. 2,		Church	EMETERY C	Brether	n	Brow.	HIST I'V	or county)]/[	ar y	l errd	
23.41	INERAL DIRECTOR	SIGNATURE		ADDRESS	21.2		24a. REC	D BY REGIS	TRAR 24b. RE	GISTRAR'S SIG	NATURE		
6	luas (	1. Ferte.	Bru	unswick,	Md.		DATEAR	3 '59	(	1.7 8 A	1,12,1		
<u> </u>													





VS A15 (4) 15M 10/57

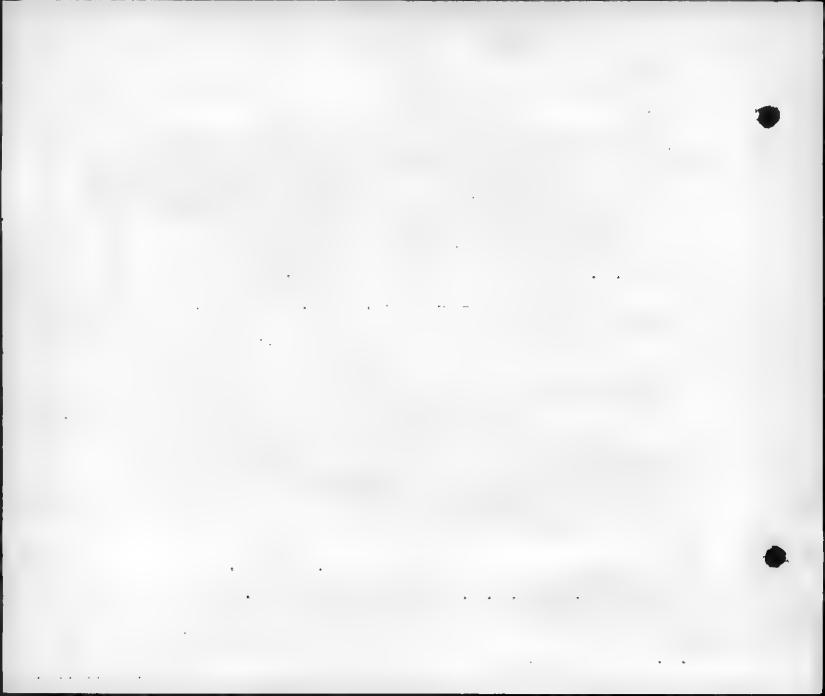
	W	f
		>
1	B.C.	1
Mary .	To the same	1

117

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1853

**CERTIFICATE OF DEATH** 

				Reg. Dist. No.	
1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who	nd b. COUNTY	Frederick	ssion)
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Frecerick	c. LENGTH OF STAY IN 16  2 Years	e. CITY OR TOWN (If or Freder:	utside corporate limits, write RU	RAL and give nearest tow	vn)
d NAME OF HOSP TAL (If not in haspital, give street) 323 Queen Street	et address)	d. STREET ADDRESS	een Street	j ON	SIDENCE A FARM? NO A
3 NAME OF First DECEASED (Type or print) ROBERT	Middle LEE	CRAMER	4. DATE Month OF DEATH FO	bruary 2.	Year 19 59
35 % 797-3.4-	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  25 July 1916	lost highdays	Months Days Hours	
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Sales Representative	b. KIND OF BUSINESS OR INDUS	Marylane Marylane		USA	T COUNTRY?
13 FATHER'S NAME		14. MOTHER'S MAIDEN N	· · · ·		
Robert E. L. Cramer		Edna A. !			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? [ (Yes ng or unknown) [If yes, give wor or dutes of service]	6 SOCIAL SECURITY NO 17. II 214-10-3140 Mr	of Nina A. Cr	amer (Same as	item #1)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last.  Part II. OTHER SIGNIFICANT CONDITION	auto my	ocardil.			relde
DE CONTRACTOR DE				PERF	ORMED?
	ESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in P	art 1 ar Part II af ilem 18.)		
A Hour om Whi		ACE OF INJURY (Home, form, tary, street, office bldg , etc.)		(County)	(State)
ACTUAL SIGNATURE  PHYSICIAN'S Rex R. Martin,  220. BURIAL CREMATION   22b, DATE THEREOF	5.4, and that death	occurred of 10:30.  A  M.D. 35 E. Church  Frederick,		ad an the date state of the date of the da	ted above.  PATE SIGNED  B 1959
Burial (Specify) 2-5-59 23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	Mount Olivet	Cemetery 240. REC'D	Frederick, Ma	aryland RAR'S SIGNATURE	•
me res modification or comp Pr	odor towa mar Are	nd DATEB	4 00	un o de	



# TE DITUTY MINITAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bagical Health, or its designated agent, prior to burial, cremation, or removal, and in any west within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

Male White widowed Divorced December 9, 1906 52 birthdoy) yrs. A 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ultra Life Lab. Maryland  13. FATHER'S NAME  Maryland  Maryland  Maryland  Maryland	ON A FARM? YES NO
Near Petersville  Near Petersville  Near Petersville  Near Petersville  Near Petersville  Near Petersville  North Off December 1 Oat Off Death February  Sex 6. COLOR OR RACE 7 MARRIED Never Never MARRIED Never	ON A FARM? YES NO P
CRAMER   OF ATH   February   10   OF ATH   OF A	
Male White WIDOWED DIVORCED DECember 9, 1906 52 birthdoy)  10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Service Man  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	3 /3 1/2/
during most of working life, even if retired)  Service Man  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	FUNDER TYEAR IF UNDER 24 HRS Months Days Hours Min
	12. CITIZEN OF WHAT COUNTRY
William Henry Cramer Emma Catherine Shank	k
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. No. No. No. 220-03-9949 Mrs. Virginia L. Cramer, Same	assitem #2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  973./  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse fast.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CAUSE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18)  Fasten Hose on Tail Pipe of Auto	YES NO [7
To 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Pown) While Not while of work o	(County) (State)
opinion death resulted from: Natural causes Accident Suicide Hamicide Undeterm  ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  EVANIMER'S	Inquiry , and in my mined manner
NAME (Type) Dr. B. O. Thomas  DEPUTY MEDICAL EXAMINER 20  220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL Specify) Burial Feb. 12, 1959  Mount Olivet Cemetery  Frederick,	county) (State) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTR	RAR'S SIGNATURE



VS A15 (4)

15M 9/55

884 CERTIFICATE OF DEATH

11866

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO [7] NAME OF 4. DATE **First** Middle Lost Month Doy Year DECEASED DEATH (Type or print) 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Min. WIDOWED [7] DIVORCED | 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cottse (a), stating the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES TO NO DY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) o. m. While Not while of work at work 🔲 p. m. auguni 21. I certify that I attended the deceased from Cruality 1950, that I last saw the deceased 1:55 AM, from the causes and an the date stated above. that death accurred at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) REMOVAL (Specify) 4-2-12-1 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE FEB 2 0 '59 Circhar & France



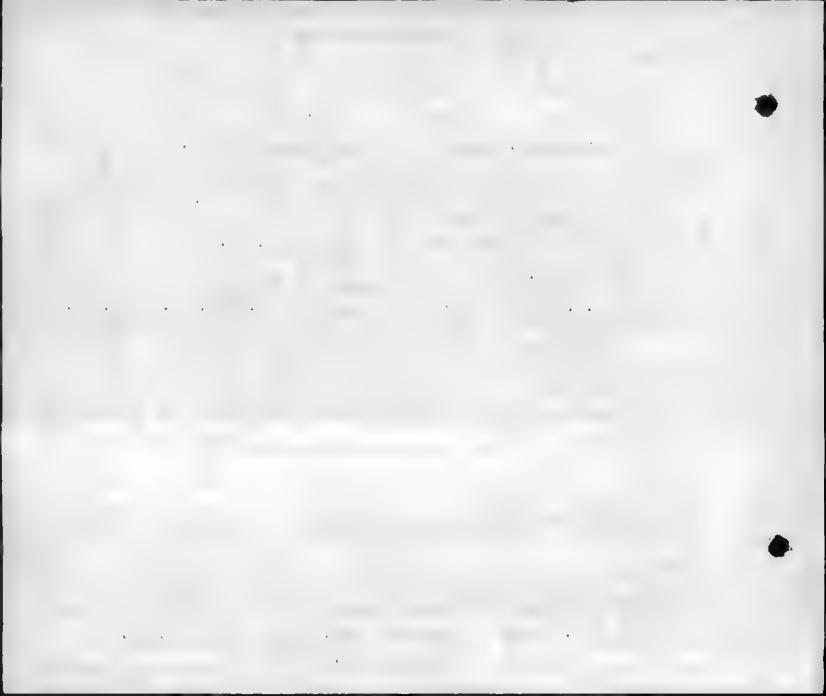
VS A15 (4) 15M 9/SS 01867

1854

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

- 1	~003			Keg, Di	ST. No.			
	PLACE OF DEATH o. COUNTY	ere deceased lived If institution: Resider	b. COUNTY Carroll					
ŀ	Frederick	MARYLAND	Maryla	yland Carroll				
Н	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	give nearest town)				
Į.	Frederick	2 days	Mt. Ai	a many				
, [	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d STREET ADDRESS		IS RESIDENCE     ON A FARM2			
	Frederick Mem.	204 Sh	YES NO.					
	3. NAME OF DECEASED (Type or print)	. Walden	Da. U	4. DATE Month OF DEATH	Day Year			
					1 YEAR IF UNDER 24 HRS.			
	M W WIDOV	VED DIVORCED	May/3, 188	7 last birthday) Months	Days Hours Min			
	10a USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country) 12. Cl	TIZEN OF WHAT COUNTRY?			
1		Railroad	Damascu	s. Md.	USA			
Ī	13. FATHER'S NAME		14. MOTHER'S MAIDEN N					
1	Columbus W. Da	.v	Addie H	Addie Hobbs				
ľ	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT	Address				
Ì	18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]	/ / /		INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: Congestive Least failere				ONSET AND DEATH			
-	7 ×0.0 DUE TO							
1	Conditions, if any, which ) (b)	Conditions, if any, which ) us arterior les to Heart dearen						
ı	gove rise to immediate OUE TO							
1	lying cause lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS							
	3 1) I neumonia mel	it kung 21	Chrone Br	weliter 3/ Emphys	PERFORMED?  YES NO NO			
	PART II. OTHER SIGNIFICANT CONDITIONS  PART III. OTHER SIGNIFICANT CONDITION	SCRIBE HOW INJURY OCCURRE	O. (Enter nature of injury in P	Port I or Port II of item 18.)	- delice			
	3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PU	ACE OF INJURY (Home, form,	, 20f. (City or town) (c	County) (State)			
-	70c. TIME OF INJURY Month, Day, Year 20d. Hour a, m, p, m. 19 While	Not while for	tory, street, office bldg., etc.	)				
		2/-	10 (-6 1.	2/6 1000				
-	21. I certify that I ottended the deceased from 1957, to 3 1957, that I last saw the deceased							
-	olive an							
	ACTUAL ) / 1/ / 1 Cd. 3/1/20							
	SIGNATURE Stenny	mas	M.D	A CARLETT - ALL				
	PHYSICIAN'S HEMILY V.	exick M						
22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Feb. 11, 1959 Damascus Meth. Damascus Md.								
							23. FUNERAL DIRECTOR'S SIGNATURE	th Address Damascus
	Comment of the comment	Damascus	, Md. DATE EH	11259 Onlyn 2	Trans			



MARTLAND	STATE DEPARTME	NI OF HEALTH—BALTIMOKE, 18	0400
TOET MEDICA	L EXAMINER'S	CERTIFICATE OF DEATH	0186
2000		Reg. (	Dist. No.
Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue of STATE Maryland b. COUNTY From	lence before admission aderick
outside corporate limits, write RuRA,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulside corporate limits, write RURAL or	d give nearest town)

1. PLACE OF DEATH 0. COUNTY	Frederick	MARYLANG	O STATE I	Maryland	osed lived. If inst b. COUN			
b. CITY OR TOWN (It cond give nearest town)	Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If oulside co Legore	orporate limits, writ	te RURAL and give	negrest town)	
	ck Memorial	in hospital, give street address) Hospital	d STREET ADD	PRESS			e IS RESIDEN E ON A FARM? YES NO Z	
3. NAME OF DECEASED (Type or print)	First Judy	Middle Diane	Edmon	4. DATE OF DEATH	H Fe		Y Yeor L2, 1959	
5. SEX Female	White to	AARRIED   NEVER MARRIED   NEVER   NEVE		7, 1957	9. AGE (In years lest birthday) yrs	Months Doys	Hours M'n	
during most of working	N (Give kind of work done   life, even if retired) Lld	None		E (Stote or foreign cyland	country)		OF WHAT COUNTRY?	
13. FATHER'S NAME	Edmonds		14. MOTHER'S MA	14. MOTHER'S MAIDEN NAME Dor is Barr				
15. WAS DECEASED EVE [Yes, no, er unknown]	R IN U. S. ARMED FORCES? (If you give wor or dates al service)	16. SOCIAL SECURITY NO. 17.	Hospi t	al Record	Addre	55		
PART I, DEATI	ote couse	r line for (o), (b), and (c).] Third Degree		- Interest to the second secon		INT ON	ERVAL BETWEEN SET AND DEATH  16 hrs.	
PART 11, OTHI	(c)	NS CONTRIBUTING TO DEATH BUT				IVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF INJUR	Y Month, Doy, Yeor		IGS	ne, form,   20f. (C	ity or lown)	(County)	(Stote)	
21. I certify the	at I taak charge of	of work of work the remains described aboral causes . Accident		utopsy 🔀,	Inspection Toler	, Inquiry	, and in my	
ACTUAL SIGNATURE	BOThe	mas	_ M D	ICAL EXAMINER	_	20 - 3	DATE SIGNED	
EXAMINER'S NAME (Type)	B. O. Thomas		DEPUTY ME	MEDICAL EXAMINER	60		ary 12, 5	
220. BURIAL, CREMATION REMOVAL (Specify) 23. FUNERAL DIRECTOR'S	SIGNATURE 59	Cak hice A	Cemetery	o. REC'D BY REGI	STRAR PAB. REC	or county)	(State) 761c/	
9 (1.13	artic Was	ekersville	mel 0	FFR 1 0 15	يل [ و	10010		

VS. A15ME 5M 2/57



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ter d		e e	100	•
urs af		by #	19 2 bi	
24 ha		led in	s I an	
//hin		ely fil	Poge	
.N: The law requires that the death certificate be executed within 24 havrs after death. Page 4		sate has been signed by the attending physicion and completely filled in by the f	e burial-transit permit. Then please remave carbon papers. Pages 1 and 2 show the filed with	. 14
pe ex		puo u	rbon	1
rhificate		physicio	mave co	The state of the s
ash ce		nding	ease re	100
the de		e offe	en ple	4
that:		by II	走	
quires		igned	perm	
o¥ re	ding physician.	s upac	ronsit	ALC: I
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z	din	cote	ė þ	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

1	- 355				Reg. Dist	, No.
)	o. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE I WHO	ere deceased lived If b. C	OUNTY (1)	before admission)
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	20 days	+ convortowhellen		write RURAL and gr	re nearest fown)
1	Victor Cullen State Hos	. 4 0	638 N W	ulberri	1St	e. IS RESIDENCE ON A FARM? YES NO P
	3 NAME OF DECEASED (Type or pr.nt) (First	middle to	n Elliott	4 DATE OF DEATH	Month 2	Day Year 1959
	5. SEX Male 6. COLOR OR PACE 7. MARRI WWW. WIDOWE	[ ]	B. DATE OF BIRTH	888 P. AGE (III		YEAR IF UNDER 24 HRS Days Haurs Min
	10a. USUAL OCCUPATION (Give kind of work done 10b I during most of working life, even if retired) So	and blast mad		or foreign country	12 CIT+2	U SA
	13. FATHER'S NAME Samuel B. Elli	iott	14. MOTHER'S MAIDEN N	AME Bell	High	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S. (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO 17 18	Record of	Victor (	allen Ke	ospital
	18. CAUSE OF DEATH (Enter only one cause per lim  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c) ]	iratary fo	ilure		INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which (b) Pu	(monary T.	iberealoris			Huis
	gave rise to immediate cause (a), staling the <u>under-lying cause last.</u> (c)			4		
3	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITI	ON GIVEN IN PART I	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		RIBE HOW INJURY OCCURRED			18.)	
	Oc. TIME OF INJURY Manth, Day, Year 20d IN Haur a. m. 19 While at wark	Nat while loc	CE OF INJURY (Hame, form, tary, street, affice bldg., etc.)	20f. (City ar tawn)	(Co	unty) (State)
	21. I certify that I attended the decease alive an 2/15 1920	$\frac{126}{9}$ and that death	1959, 10.2 accurred of 10.50	M, from the co		st saw the decease
	ACTUAL FOR THE PRACTICAL SIGNATURE	,	10 Victor	Culle -		HOSH Val
	PHYSICIAN'S Michael G. Zavis,	M.D. M.D.	· Oul	n, M	asylan	d,
	220 BURIAL, CREMATION, 22b. DATE THEREOF BUT18.1 2-18-59	Rest Haven		22d. LOCATION (City. Hagerst	own, or county)	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/ m /	1 = 1=0	b REGISTRAR'S SIGN	
	AINO + Minnered ted	132 NA GULLA.	LOZUS MACH DEEB	7 '59	C - hun & fr.	- m A



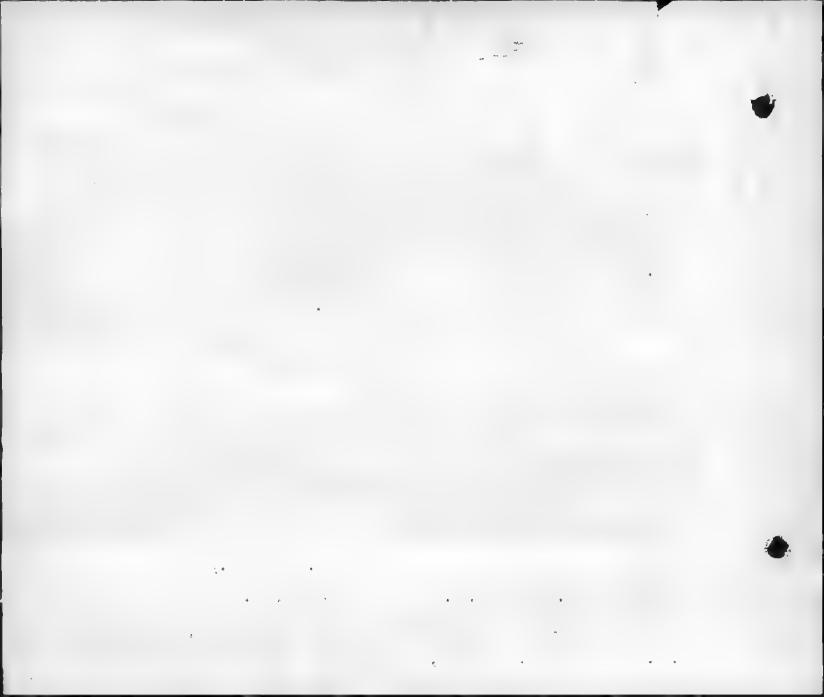
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

857	CERTIFICATE	OF	DEATH

Reg. Dist. No.

Λ	f	0	17	1	h
U	L	0	4	ŀ	Ì

i. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (W	- b com	tution. Residence before admission)  Trederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16		outside corporete limits, writ	e RURAL and give nearest town)  D#11
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION LO Frederick Avenue	t oddress)	/ d STREET ADDRESS	Feagaville	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) KATIE	MAY MATILDA	EYLER EYLER	OF	Month Day Yeor ebruary 20, 19 59
Female White widow	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  20 April 18	78 P AGE (In yet lost birthdo	(P) IF UNDER 1 YEAR IF UNDER 24 HRS (Y) Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	At Home	ISTRY 13 BIRTHPLACE (Stole Maryland	or foreign country)	12 CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John Lambert		Alice Ba	tson	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 1(Ves., no or unknown) (If yes, give wor or dotes of service)		eymond W. Eyl		Address item #1)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Anome Con  Anome Con  Contributing to DEATH BUT  SCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO NO
20c. TIME OF INJURY Month, Day, Year 20d Hour a. m. While	INJURY OCCURRED 20e PL	ACE OF INJURY (Home, for clary, street, office bldg., ele	m, 20f (City or town)	(County) (State)
21. I certify that I attended the deced alive on 12 Autuary 19 ACTUAL SIGNATURE CALLUS NAME (Type) James B. Thomas	mar,	occurred at 4 P  M.D. 228 N. Ma:  Frederick	_M, from the cause ADDRESS (Street, city or too rket St.,	27that I last saw the deceased s and on the date stated above MATE SIGNED 23 Feb 195
270 BURIAL CREMATION, 226. DATE THEREOF BREMOVAL (Specify) 2-23-59	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City tow	
23 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ADDRESS	24a. REC	Frederick, D BY REGISTRAR 246. RE	EGISTRAN'S SIGNATURE



death.

hours after

certificate

the death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

fettug

## **CERTIFICATE OF DEATH**

Reg. Dist. No.			F	î	L	Ö	Æ	Ž
	Reg.	Dist.	No.					

,		PLACE OF DEATH	rederick		MARYLA		USUAL RESI	Marvla		d lived. If instituti b COUNTY		ce befor	odmiss	eon}
	ŧ		if outside corporate limit garest town)	ls, wrile c. LE	NGTH OF STAY IN	1 16	c CITY OR		Iside corpo	rate limits, write f	URAL ond	give uedi	rest fown	) ∨
	•	OR INSTITUTION	TAL (If not in hospital, g		•		2400		t Hei	ghts Ave	nue	- 1		DENCE FARM? NO
	3 1	NAME OF DECEASED (Type or print)	FRAM	, KLIN	Middle KRFAM	er	ŒIS		4. DATE OF DEATH	Febru		21,		1959
	5. s Ma	ile	6. COLOR OR RACE	7. MARRIED WIDOWED N		_	Cember		1869	9 AGE (In years lost birthdoy) 9 yrs	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS Min,
	100	during most of wor	ON (Give kind of work o king life, even if retired)		of Business or unsfer Co		11 BIRTHPL	ACE (Stote o		ountry)	12 CIT	USA	WHAT	COUNTRY
	13.	FATHER'S NAME				1	4. MOTHER'S	MAIDEN NA	AME					
		J	ohn Geisey					Amel:	ia St	ull				
	15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of st	CES? 16 SOCIA		Miss		sie M.	Geis	10 We	st Ma	diso	n St aryl	reet,
	NO	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  PERFORMED?												
0	CERTIFICATION	200 ACCIDENT WA	AS LINIDERLYING IT		of the	DRRED (E	nter noture o	f injury in Po	ort I or Pari	t II of item IB)				NO I
	ایدا	(IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour is m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Yea	While h	OCCURRED 20 Not while	De. PLACE factory	OF INJURY (), street, office	Home, form, bldg., etc.)	20f. (City	or lown)	(0	County)		(Stote)
1		21. I certify the alive on	at I attended the		am _, and that d	eath ac		5:30A	M, fran	reet, city or town,	and an tl		e state	
		PHYSICIAN'S I	r. H. F. K	Line		*****	Free	lerick	, Mar	yland				
		BURIAL, CREMATIO REMOVAL (Specify) 17181	Feb.24,		NAME OF CEMETE		REMATORY	2		CON (City, town, cederick		y, M	(Stote aryl	
		FUNERAL DIRECTOR	s signature chison & Sen		rick, Mar	rylan	ed.	240. REC'D			STRAR'S SIC			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1860 CERTIFICATE OF DEATH

01874

Reg. Dist. No.

1.	PLACE OF DEATH	erick		MARYL	AND	o STATE	ence (wh	ere deceased lived	If institution.	n Residence Frede:		ission)
	b. CITY OR TOWN (If or RURAL and give heare Frederick	utside corporate limit est tawn)	s, write	c. LENGTH OF STAY II	N 1Ь	_	own (if o	utside corporate lii	nits, write RU	JRAL and giv	e neoresi lo	wn)
	d. NAME OF HOSPITAL 28 INSTITUTION A		ve street (	oddress)		d. STREET A		ney Apart	ments		ON	A FAPM?
3	NAME OF DECEASED (Type or print)	CHEST		Middle FRANKLIN	I	GOODMA		4. DATE OF DEATH	Monti Feb	ruary	0oy 12,	Yeor 19 59
5.	Male 6	COLOR OR RACE White	7 MARR WIDOWE	DIVORCED		25 July	1909	ins!	E (In years pirihday) yrs	Months D	YEAR IF UN	
10	Oo. USUAL OCCUPATION during most of working NOTE	(Give kind of work of life, even if retired)	lane 10b.	KIND OF BUSINESS OF None	INDUS		ACE (State			US.		AT COUNTRY?
13	FATHER'S NAME					14 MOTHER'S						
	Carland Jen		erco la	CONTRACTOR NO.	117 10	FORMANT	Goods	an	Addre			
0	S. WAS DECEASED EVER III	N U S. ARMED FOR	rvice)	None		s. Ruth	Kima	l (Same	as it	14-	)	
	PART 1. DEATH	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which (b)		e for (o). (b). and (c) )  Pepticeus  Yul tiple  Cerclaral	i9	deci	ili.	tus	lutd	levod)		douth douth
NOITECATION	PART II. OTHER	No 42	DITIONS C	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THE TERMI	NAŁ DISEASE CON	IDITION GIVE	EN IN PART 1	PER	S AUTOPSY FORMED?
CERTIFI	200 ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	I. (Enter noture o	finjury in l	Port 1 or Port 11 of	ilem 18.)			
MFDICA1	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yeo	While at worl	Not while	20e. PLA fact	CE OF INJURY ( lary, street, office	Hame, farm bldg., etc	, 20f. (City or to	wn)	(Co	unty)	(State)
Annual Control of the	21. I certify that alive on 21  ACTUAL SIGNATURE RAPHYSICIAN'S NAME (Type)	l attended the 10	125	in Jus		occurred at	8 P	M, from the ADDRESS (Street, of Shopping), Md.	causes a	nd on the	date sta	e deceased ited above. DATE SIGNED Feb 195
27	BURIAL CREMATION, REMOVAL (Specify) BUTIAL	225. DATE THEREO 2-16-59	F	22c NAME OF CEME Mount Ol:			гу	22d. LOCATION (				(ate)
23	M. R. Etch:	ignature ison & Son	ı, Fr	ederick, Ma	aryl	and	24a. REC'	D BY REGISTRAR		TRAR'S SIGN		



V.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	
----------	-------	------------	----	-------------------	----	--

1000

01875 CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence b	No.
	before admission)
Frederick Maryland b. COUNTY Frede	rick
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give	nearest fawn)
Frederick-Rural-R.D.#2 6 Years Frederick -Rural-R.D.#2	
d. NAME OF HOSP TAL (If not in haspital, give street address) OR INSTITUTION  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
New Design Road New Design Road	YES NO
3 NAME OF First Middle Lost 4. DATE Month OF	Day Year
(Type or print) RUTH VIRGINIA HANDLEY DEATH FEDRUARY	20, 19 59
lost highly and a lost highly	EAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED September 2(,1925) 33 yrs	
during most of working life, even if retired)	N OF WHAT COUNT
1107011000	JSA
13. FATHER'S NAME	
Unknown Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT  Address.  (Yes, no or unknown) (If yes, gwo wor or doles of service)	
No No 218-24-1421 Mr. Earl E. Handley-Same as Item #2	
	INTERVAL BETWEEN
MMEDIATE CAUSE TO!	1 400
DUE TO	1
Conditions, if any, which (b)	
gave rise to immediate couse (a), stating the under-	
lying couse last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	YES NO
20a ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CON	
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a. m.    While   Nat while   twark   at wark   at wark	nty) (State
Mour a. m.   While   Mat while   foctory, street, affice bldg., etc.)	
21. I certify that I attended the deceased from 1-9- 1958 to 2-20 1958 that I last	1 20M THE DECED
21. I certify that I attended the deceased from 1-9-1, 19-5%, to 2-2-0, 19-5%, that I last alive on 2-17 and 19-59 and that death accurred at 3:30A • M. from the annual and a start	والمراجع والمناجع والمناج
alive on 2 -17 , 1959, and that death accurred at 3:30A M, from the causes and an the	
alive on 2 -17, 19 59, and that death accurred at 3:30A • M, from the causes and an the analysis (Street, city or town, state)	
alive on 2 -17, 1959, and that death accurred at 3:30A • M, from the causes and an the analysis (Street, city or town, state)	
alive on 2 - 17, 19 5 9, and that death accurred at 3:30A • M, from the causes and an the analysis (Street, city or town, state)	
alive on	date stated aba  DATE SIGN 2/20/195
alive on 2 - 17 , 19 5 7 , and that death accurred at 3:30A • M, from the causes and an the ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S Dr. Rex R. Martin  Frederick, Maryland	DATE SIGN 2/20/195
alive on 2 - 1 7 , 19 5 7 , and that death accurred at 3:30A • M, from the causes and an the address (Street, city or town, state)  ACTUAL SIGNATURE	2/20/195  (Stote)  Maryland



			MAKT		CEDTIE		TE OF DEAT		IIMOKE, I	8	01	876
			188	7	CERTIF	ICA	TE OF DEAT			Reg. Dist.	No.	
		PLACE OF DEATH D. COUNTY	rederiek		MARYL	AND	2. USUAL RESIDENCE (W o. STATE		d lived. If instituted b COUNTY	residence		ission)
	1	CITY OR TOWN (If	outside corporate limi rest town)		LENGTH OF STAY IS	N 16	c. CITY OR TOWN (If	- h .	prote limits, write RI			wn)
		Preserick- D. NAME OF HOSPITA OR INSTITUTION Reichs Fe					d. STREET ADDRESS	Ford		F. D.	e IS R ON	ESIDENCE A FARM?
	3	NAME OF	Fie	rst	Middle		Lost	4. DATE	Mon	th	Day	Yeor
		DECEASED Type or print)	FORMATIR	E	LLSWORTH		HILDEBRAND	DEATH	Febru	ary 7	7.	19 59
	5. \$	Nale	6 COLOR OR RACE		NEVER MARRIED	_	DATE OF SIRTH	870	9. AGE (In years lost birthdoy) 8)1 yrs.	IF UNDER 1	YEAR IF UN	
ŀ	10a	USUAL OCCUPATION	Give kind of work	done 10b. KIN	_		TRY 11. BIRTHPLACE (STOR			12. CITIZ	EN OF WH	AT COUNTRY
		during most of worker	lasen (Reti	) 1			Marylan			T T	SA	
i	13.	FATHER'S NAME				×	14. MOTHER'S MAIDEN			X	D112	
		Jacol	Hildebra	nd			Mary J	ane Sh	afer			
		WAS DECEASED EVER	IN U. S. ARMED FOR	ervice	-11-529h	_	FORMANT OSODA Hildeb		R.F.DAddy Frederi		erel ered	
		18. CAUSE OF DEAT	H [Enter only one co				OBSOLUTION (C)	1	1188611	ELIMAL	INTERVAL	BETWEEN
		PART I. DEATI	H WAS CAUSED BY	712	noran	de	296	de a ser			ONSET AN	D DEATH
		4.1	DUE TO				2					
		Conditions, if on	, which ) (b	Ca	rdin a	as	colored	luce.	ace.		104	re
		gove rise to im couse (a), stating th lying couse lost.	mediate (									
	CATION	PART II. OTHE			TRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PERI	S AUTOPSY FORMED?
	CERTIF	200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING D CAUSE OF DEATH EDICAL EXAMINER)	206. DESCRIB	E HOW INJURY OC	CURRED	. (Enter nature of injury in	Port I or Port	t II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	er 20d INJUI While of work	Not while	PLA foct	CE OF INJURY (Home, for ory, street, office bldg., et	n, 20f (City	r or lown)	(Co	unty)	(State)
		21. I certify that alive an	t lattended the	deceased , 19_5	2	death	accurred at 12:30	ADDRESS (St	n the causes a	nd an the	date sta	e deceased
		SIGNATURE	2//50	-	and o	N	I.D. 220 IV 61	CM MAI	rket St.			4/1/27
		PHYSICIAN'S NAME (Type)	B. O. The	mas, M	•D•		Frederi	ck, Md	•			
	220	BURIAL, CREMATION, REMOVAL (Specify)			c. NAME OF CEMET			1	TION (City, town, o			ote)
1	E	REMOVAL (Specify)	2-9-59	I.	locky Spri	ngs	Cemetery	Frede	rick Cour	ity Ma	rvland	ì

Rocky Springs Cemetery
ADDRESS 24

Frederick County Maryland

240. RECEB P REGISTRAR

DATE

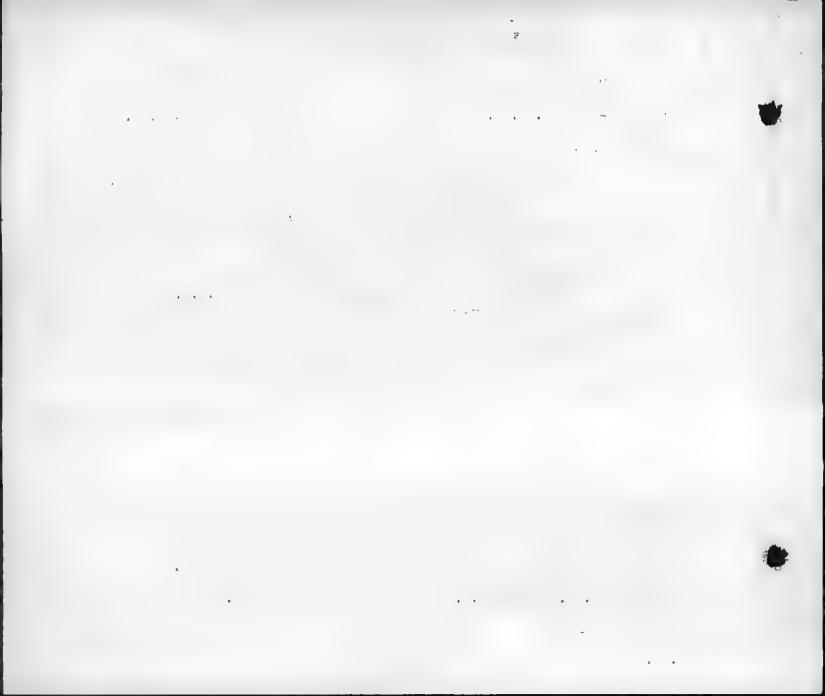
24b. REGISTRAR'S SIGNATURE

1 than S. Frank

VS A15 (4) 15M 10/57

M. R. Etchisen & Son, Frederick, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE



arihan S. Thous

VS A1S (4)

after



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY **b** COUNTY BRODDREEK MARYLAND director, P b. CITY OR TOWN | I outside corporate limits, write RURAL c. CITY OR TOWN ( f autside carporate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Lifetima RUPAL FREDERICK d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS m IS RESIDENCE ON A FARM? GAS HOUSE PIKE at LINGANORE Rd. Rural YES NO 3. NAME OF 4. DATE Middle DECEASED RACHEL. E. KERRIDAY FEBRUARY (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 49 Months | Days Hours + Female White WIDOWED [ DIVORCED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working the, even I retired) Homemaker North Carolina USA. Pages n PM3. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM R. BOTTOMLY OCTAVIA with form F Robertson Give Give 8 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address omy KENSINGTON. MRS. FRANK W. ABEL Ë 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN Office plong ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Candilians, if any, which gove rise to immediate cause DUE TO (e), sloting the underlying couse last. ø PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(3) 19, WAS AUTOPSY PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) TO CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home form, 1 20f. (City or lown) (County) (State) factory, street, affice bldg , etc.) Not while Ø 80 at work at work 21. I certify that I tack charge of the remains described above, held an Autopsy 🔀, Inspection 🖼, Inquiry 🗍, opinion death resulted from: Natural causes . Accident . Suicide . Hamicide VI, Undetermined manner FORM DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE should be FUNERAL ASSISTANT MEDICAL EXAMINER | NAME (Type) DEPUTY MEDICAL EXAMINER M 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or count FREDERICK Mt Olivet Cemetery 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME Frederick, Maryland



M

MARYLAND	<b>STATE DEPARTMENT</b>	OF	HEALTH-BALTIMORE,	18
1863	CERTIFICATE	OF	DEATH	R

		18	63	CER	TIFIC/	ATE	OF D	EATH	1		Reg. Di	íst. No.	T.	7 , 4
	PLACE OF DEATH o. COUNTY Fre	derick		MA	ARYLAND	2. U:	SUAL RESIDE	Mary		ived. If institution b COUNTY		nce befor		ion)
	b CITY OR TOWN (If RURAL and give neg Frederi	rest town)	ts, write	C. LENGTH OF STAY IN 16			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  **Buckeystewn**							
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Memorial Hospit				_	d. STREET ADDRESS						-	e. IS RESIDENCE ON A FARMS YES NO		
3. NAME OF DECEASED (Type or print) MTNNIE			•	Middle SPRINGER			Last KELLEF	2	4. DATE OF DEATH	Febru				Yeor 1959
5 SEX 6 COLOR OR RACE 7. MAR Female White WIDOW				Name of the last o	CED 🔲	Sep	tember		1890	AGE (In years last birthdoy) 60 yrs.	Months	Doys	Hours	R 24 HRS Min,
	Retired Te	ng lite, even it retired	1	kind of Busines: Grade Sch				Mary	land	ntry}	12 CI	US.		COUNTRY
13.	FATHER'S NAME	Edward Ke	17.00			14	MOTHER'S A			Weagles	-			
	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY I		NFORM				39124 an, Char	Virg	inia on,	Ave W.Va	nue,
~	Conditions, if on gove rise to im couse (o), stating the lying couse tost.	H WAS CAUSED BY: MMEDIATE CAUSE (o  DUE TO  (b) mediate le under- (c)	Pr Jun	iming to	The one	7	me	las	tanis			ONS	PAR BE	DEATH (2)
CERTIFICATION	PART II OTHE Care II 200. ACCIDENT WAS OR CONTRIBUTING	R SIGNIFICANT CON  LOYLLA C  UNDERLYING D  CAUSE OF DEATH	Colo	CRIBE HOW WURY	ested	19	51-	Cur	ed.		EN IN PAI	RT 1(0) 15	PERFO YES	RMED?
MEDICAL CE	20c. TIME OF INJURY Hour a. m. p. m.	(EDICAL EXAMINER)	While	UURY OCCURRED Not while	20e. PL	ACE Of	F INJURY (Ho	ome, form, oldg., etc.	, 20f. (City or	r lown)	(	(County)		(Stote)
	21. I certify the alive an 19 1	carles %	10	rlegy)	at death	M.D	Profes	ssion	M, fram		nd an t	he dat	e state	
220	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Feb.23,19		Mount						erick,	or county)	Mar	ylan	
23.	FUNERAL DIRECTOR'S		ı, Fr	ADDRESS ederick,	Maryl	and	1 2	ATE FE	B Z 4 5	R 24b REGIS		GNATUR		



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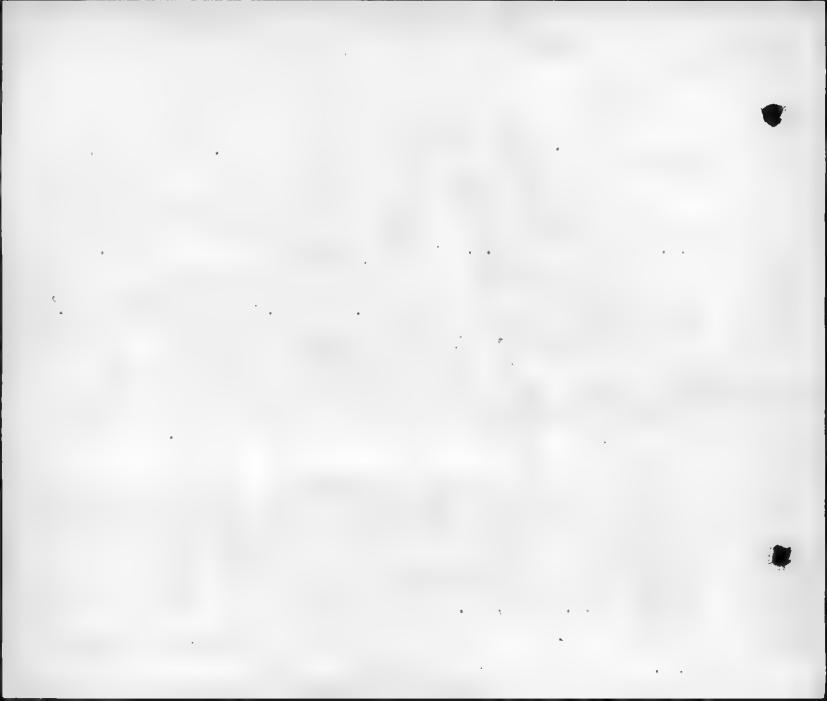
Files. Health, TO DEPUTY MEDICAL TAX THE This contilicate shalld the executed within 24 haves after death. If any delay is necessary, please execute the cert if we writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral difference of should be far deficial Examiner's Office along with form PM3. Page 3, may be retained for files.

10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2, with the State Board. Health, or its designated agent, prior to burial, cremation, ar removal, and in any event with 122 hours after death. 77

VS. ATSME 5M 2757

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

	Reg, Dist. No.									
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)									
Frederick MARYLAND	STATE Maryland b. COUNTY Frederick									
b. CITY OR TOWN I'll outside corporate limits, write RURAL C. LENGTH OF STAY IN Th	c CITY OR TOWN (If autide corporate units, write RURAL and give nearest town)									
Brunswick 10 years	Brunswick									
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e 15 RESIDENCE									
VIRGINIA AVE . & POTOMAC STREET	I Virginia Ave. & Potomas St. YES NO B									
3. NAME OF First Middle DECEASED	Lost A. DATE Month Day Year OF									
(Type or print) George William	Kimmel DEATH Feburary 27 19 59									
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED [] 8	DATE OF BIRTH 9. AGE In years IF UNDER 14EAR IF UNDER 24 HE'									
Male White WIDOWED DIVORCED D	September I5 I895 63" Manths Days Haurs Min.									
10a USUAL OCCUPATION (G've kind of work done 10b KIND OF BUSINESS OR INDUS' during mast af working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
R.R. Engineer R.R. Engineer	Maryland U.S.A.									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
William Kimmell	Catherine Wagner									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. B. (Yes, no., 81 unknown) 1. (If yes, give war or defea of service)	NFORMANT 2514-Garrett Avenue,									
No No 176-01-6918 Ma	cs. Lillian E. Kimmell, Baltimore 14, Md.									
1B. CAUSE OF DEATH {Enter on y one couse per line for (a), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH									
PART 1. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (0) Occite Congrature Weart Failure Minute										
420,1 DUETO 0										
conditions, if only, which) the acute and Chronic Coroner Grober Occlusions yes										
gave rise to immediate couse	The second of second to the se									
tol, world the viceriying										
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(0) 19, WAS AUTOPSY									
1(a 0 a 0 () A 0	DO PERFORMED?									
4 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INCHES OCCUPANT	Tryscaldial organitions YES NO []									
PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I  LOCAL OWNER TO THE PRIMARY LIGHT CONTRIBUTING LIGHT CONTRIBUTION LIGHT CONTRIBUT	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.)									
\$ 20c. TIME OF INJURY Month, Day Your 20d INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)									
20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e. PLA While Not while of wark of wark	ory, street, office bldg., etc.)									
21. I certify that I took charge of the remains described about	ive, held an Autopsy , Inspection , Inquiry , and in my									
opinion death resulted from: Natural causes 🔂 Accident										
250										
SIGNATURE SIGNATURE	_ M D. CHIEF MEDICAL EXAMINER (									
EV A MINIERIU	ASSISTANT MEDICAL EXAMINER									
EXAMINER'S NAME (Type) B. O. Thomas, M. D.	DEPUTY MEDICAL EXAMINER Feburary 28, 1959									
220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR										
Burial Mar. 2, 1959 Mount Olivet	Cemetery Frederick. Maryland									
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE									
M. R. Etchison & Son. Frederick, Maryla	ad pareMAR 3 '59 Caribus & Kaus									



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1888 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) o. COUNTY **b.** COUNTY MARYLAND death. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) ax Bersville 24 and ER d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F NAME OF 4. DATE First Middle Last Month Day Year DECEASED OF DEATH 195 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED 17 NEVER MARRIED 17 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF HINDER 24 HRS. tos! birthday) Months Min. WIDOWED IT DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address ding 6153 18) CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 古 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 12 2 x +670 420.1 DUE TO ony Conditions, if any, which ] gove rise to immediate **DUE TO** cattle (a), stating the underlying cause last PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOLLARS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while 19 ot work of work p. m. 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 7:00 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DIRECT ACTUAL SIGNATURE å prior D TO FUNERAL D PHYSICIAN'S NAME [Type] 220. BURIAL, CREMAT.ON, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 [4] ISM 9/55



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eral director,	ransit permit. Then please remove carbon papers. Pages 1 and 2 s	(
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may be retained by the haspital or attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed 3 should by catached for use as the burial-transit. The registrar priar to burial, crematian, ar removal, and VS A15 (4) 1SM 9/SS

TO MOSTALL OR MITENANG MINSICIAN: The faw requires that the dioth certificate by executed within 21 hours after Think

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R: After this certificate has been signed by the attending physician and completely filled in by the meral	ø	7	
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=	ould be catached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 s		
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		18	64	CEK	IFIC	AIE OF L	ZAIF	1		Reg. D	st. No.	1 1	004	
1,	PLACE OF DEATH					2 USUAL RESP	DENCE (Wh	ere deceased	lived. If instituti		nce before	odmis	ion)	
		rederick		MA	RYLAND	Maryland Frederick								
	b. CITY OR TOWN (If RURAL and give no	outside corporate limi	h, write	c. LENGTH OF STA	NY IN 16	c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Fred	lerick		3 da	VS	× Ru	ral	Middl	etown					
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		H. STREET A	DDRESS				•	, IS RES	IDENCE FARM?	
				pital									NO 🗆	
3.	NAME OF DECEASED	For	st .	Mide	lla .	Los	d	4. DATE OF	Mor	ith	Day		Yeor	
	(Type or print)	Dori	S	C		Koogle		DEATH	2		22		1959	
	SEX	6. COLOR OR RACE	7. MARE	IED NEVER MAR	RIED 🗌	B. DATE OF BIRT		•	9. AGE (in years losh bigthdoy)	Months	Doys	Hours	R 24 HRS	
	female	white	WIDOWI		CED 🔲	2/8/19			ty yes.					
10c	during most of work	N (Give kind of work ing life, even if relired	fone 10b.	KIND OF BUSINESS	OR INDL	JSTRY 11. BIRTHPI	ACE (Stole	or foreign co	ountry)	- i		WHAT	COUNTRY?	
_	housew	ife	10]	m home			rland			I	J.S.			
13.	FATHER'S NAME					14. MOTHER'S								
_	John F						sie	Long						
IŞ. (Ye	ii, no. or unknown) 1	R IN U. S ARMED FOR Il yes, give wor or dates of s	CES7 16	SOCIAL SECURITY N		INFORMANT	1	Tm	Add 164 A A T		a 1	r.a		
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		TH [Enter only one co	use per li		_	. 11		/			INTE	RVAL BE	DEATH.	
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	/5/X	15/X DUE TO grille The tatasty												
		Conditions, if ony, which ) (b)												
	gove rise to immediate couse (c), stating the under-													
,	lying couse lost.	) (c												
CATION	PART II OJIH	Explorate	DITIONS O	4 / /	0	C 1958	THE TERMI	INAL DISEASI	E CONDITION GIV	/EN IN PAI	RT 1(o) 19	PERFC	AUTOPSY PRMED?	
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE≨	CRIBE HOW INJURY	OCCURRI	ED. (Enter noture o	of injury in (	Port I or Port	If of item 18.)					
Z.	20c TIME OF INJURY		or 20d. II	NJURY OCCURRED	20e P	LACE OF INJURY	Home, form	, 20f. (City	or lown)		County)		(Stote)	
MEDICAL	Hour e.m.	19	While of wor	Not while	fe	octory, street, offic	e bldg., etc.	1	,					
-		at I attended the		11 -		105%	to A	ecz:	2 105	7 that I	lest se	w the	deceased	
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	01146 Q11	^ <u>-</u>	, 1722	and m	ui dedii	ii accorred at			reet, city or town,		ne udi		ed abave ATE SIGNED	
	ACTUAL SIGNATURE	y 20	nu	Harp		M.D	if	elite	un 1	nd	7	62	459	
	PHYSICIAN'S NAME (Type) DT	. J. Elme	r Ha	rn		Mi	iddle	town.	Md	ht it ign <u>i</u> n men mi m		-	we do no see do up us ou :	
224	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CE	METERY (	OR CREMATORY		22d LOCAT	ION (City, town	or county)		(Stot	e)	
	REMOYAL (Special)	2/25/19	59	Luther	an C	emeter.	7	Mic	lletown	, lid				
23.	FUNERAL DIRECTOR'S	~		ADDRESS			24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S SI				
	Gladhill	Company,	Ni	dletown	, Mo	l •	DATEFE	B 2 6 '5	3	2 1 X.	Phone	đ		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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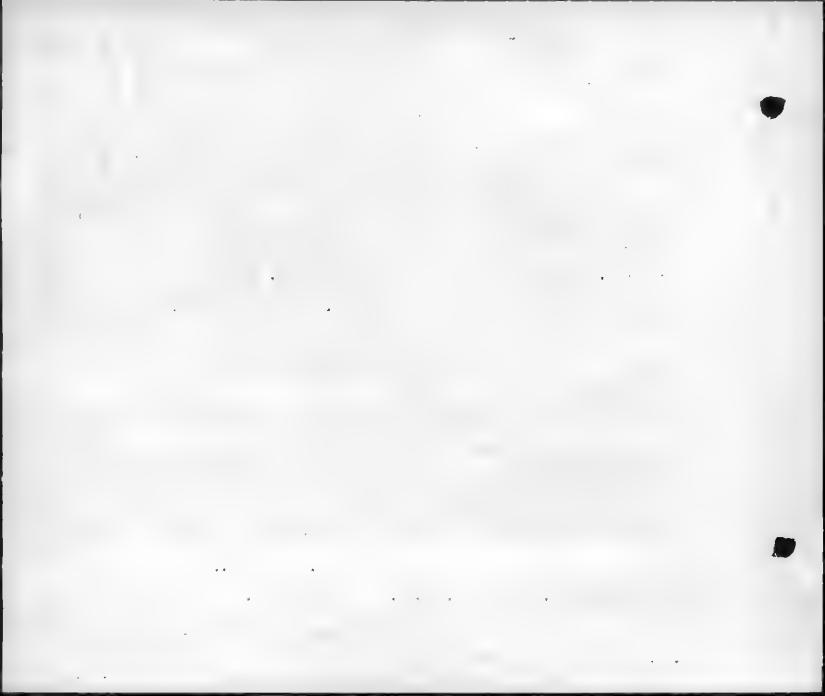
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		188 ME	DICA	L EXAMINE	R'S	CERTIFICAT	re of	DEATH	Reg. D	ist. No.	11 [	884	
	PLACE OF DEATH a. COUNTY	Frederick		MARYL	AND	2. USUAL RESIDENCE (Ma.	Tylan			rede			
	b CITY OR TOWN (H. and give rearest town) Frederick	outside corporate limits, write C-Rural-R. C		c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF	give ne	give nearest town)					
		L OR INSTITUTION (I		ital, give street address)		d. STREET ADDRESS	Brade	dock Heig	hts		ON #	SIDENCE FARM? NO A	
	NAME OF DECEASED (Type or print)	fin MAR		Middle ELIZABE	TH	Lost LAMM	4 DATE OF DEATH	Mont Febr	uary	Doy 2,		59	
5.	Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED  DIVORCED		DATE OF BIRTH May 16, 1877		9. AGE (n years lost Authday) 81. yrs.	IF UNDER Months		Haurs	R 24 HRS. Min.	
000	usual occupation during most of working Donestic	N (Give kind of work of life, even if retired)	iane 10b. Kl	ND OF BUSINESS OR IN At Home	NDUST	Naryla Maryla		country)	12. CITI	ZEN OF US		OUNTRY?	
		lip Stocka				14. MOTHER'S MAIDEN N	ia Ke.	ller					
	No No DECEASED EVE	R IN U. S. ARMED FOI		OCIAL SECURITY NO.		s. Mabel E.	Mills	Address Lovetts		, Vi	rgin	ia	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ACUTE PULMONARY EDEMA									interval between onset and death 12 Hours			
	Canditions, if an gave rise to immedi (a), stating the uncause last,	ale couse	CA	ARDIO-VASCUI	LAR	DIREASE				5Years-M			
CATION	PART II. OTHI		NTIONS CON	NTR. BUTING TO DEATH	BUT N	OT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PAR		WAS A PERFOR	UTOPSY IMED?	
CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of tem 18.)												
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a. m. 19 at work at w												
				Accident,		ve, held an Autops cide [], Homicide	_	nspection 🔼, ndetermined o		у <mark>Л</mark> ,	and f	ind that	
	ACTUAL SIGNATURE	3076	e de la company			_M D. CHIEF MEDICAL EX	_				DATE S	GNED	
		r. B. O. T				ASSISTANT MEDICAL		nar -		2	/3/1	.959	
	BUR AL, CREMATION REMOVAL (Specify)	Feb. 6.195		St. Paulls		CREMATORY		TION (City, tawn,		בועיי	(State)		

24a. REC'D BY REGISTRAR

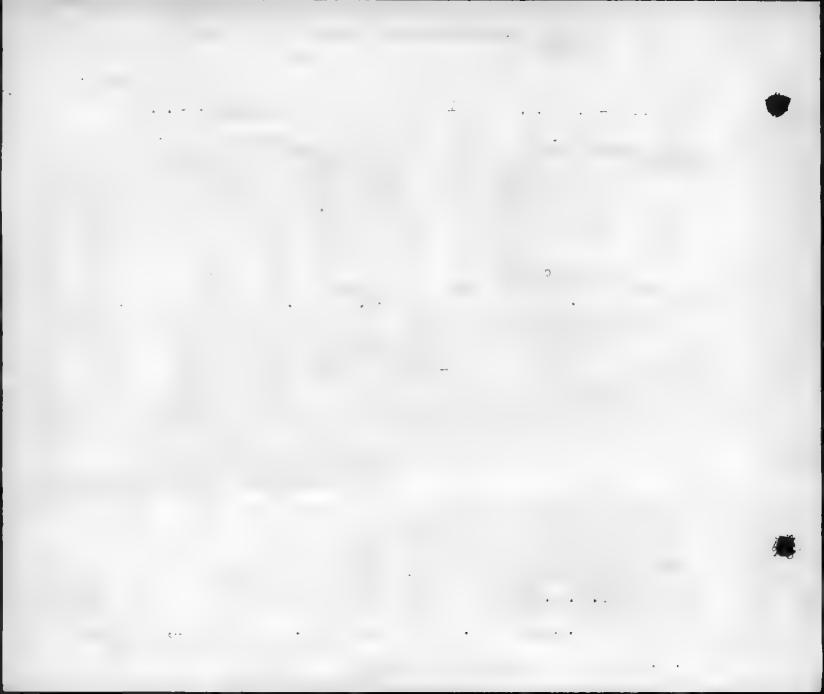
246. REGISTRAR'S SIGNATURE

of S. rous

V5. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland



eral director, be filed with

the attending physician and campletely filled in by Then please remove carbon papers. Pages 1 and 2

8: After this certificate has been signed by ached for use as the burial-transit permit.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

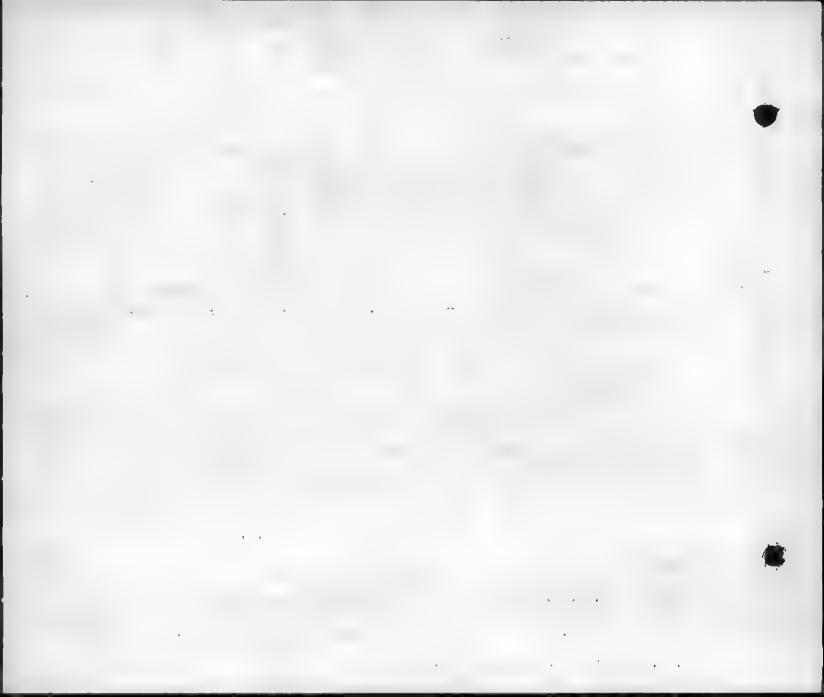
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1866

## **CERTIFICATE OF DEATH**

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1. PLACE OF DEATH a COUNTY	rederick	MARY	li li	2. USUAL RESIDENCE ( a. STATE		l. If institution: I b. COUNTY	Residence before odmis Freder		
b. CITY OR TOWN (I	If autside carporole limits, wr		IN 1b	4 3		mits, write RURA	L and give nearest law		
OR INSTITUTION	TAL (If not in hospital, give st			d STREET ADDRESS	est Fifth	Street	ON	SIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)	First CLARA	Middle	ENIA	Losi LEASE	4. DATE OF DEATH	Month Febru	Day	Yeor 1959	
5. SEX		MARRIED NEVER MARRI		January 25	Jou	the state of the s	UNDER 1 YEAR IF UND	DER 24 HRS	
100 USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)		OR INDUSTR	Y 11 BIRTHPLACE (Sic	,	, ,	12. CITIZEN OF WHAT	T COUNTRY	
13. FATHER'S NAME				14. MOTHER'S MAIDE					
	Amos Lease			Ma	ry Houck				
	R IN U. S ARMED FORCES? [If yes, give was or dates of service) NO	16 SOCIAL SECURITY NO 220-09-7799		Russell L	. Michael,		t Church S ck, Maryla		
18. CAUSE OF DEA	INTERVAL B	ETWEEN DEATH							
	422. / DUE TO Philmonan Edema 3 day so								
	gave rise to immediate out to the course (a), starting the under out to th								
PART II OTH	HER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TEI	MINAL DISEASE CON	IDITION GIVEN	IN PART 1(a) 19. WAS PERFO YES	ORMED?	
	AS UNDERLYING 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury	in Part I ar Part 11 af	item 18)			
20c. TIME OF INJUR Hour a. m. p. m.	W	od INJURY OCCURRED Thile Not while work old work	20e. PLAC factor	E OF INJURY (Home, for ry, street, affice bldg.,	orm, 20f. (City or to	wn)	(County)	(State)	
21. I certify the	at I attended the dec		death a	1942, to coursed at 11:	7-1-14 25 PM. From the	1929, H	hat I last saw the	decease	
ACTUAL SIGNATURE	Blow	ioma	1M.I		ADDRESS (Street, onal Buile	city or town, state		ATE SIGNE	
PHYSICIAN'S I	or. B. O. Thou	125		Frederic	k, Maryla	nd			
220 BURIAL, CREMATIO BUT 121 (Specify)	Feb.17,1959	22c. NAME OF CEMI		Cemetery	22d. LOCATION (		ounty) (Sto Maryla		
23 FUNERAL DIRECTOR		ADDRESS		240 RI	C'D BY REGISTRAR		AR'S SIGNATURE		
M. R. Etch	nison & Son, I	Frederick, Ma	rylar	Id. DATE	EB 1 8 '59	C. Jane	1 & times		

moy be retained by the TO FUNERAL DIRECT page 3 should be or the registror prior to b TO HOSPITAL OR VS A15 (4) 15M 10/57

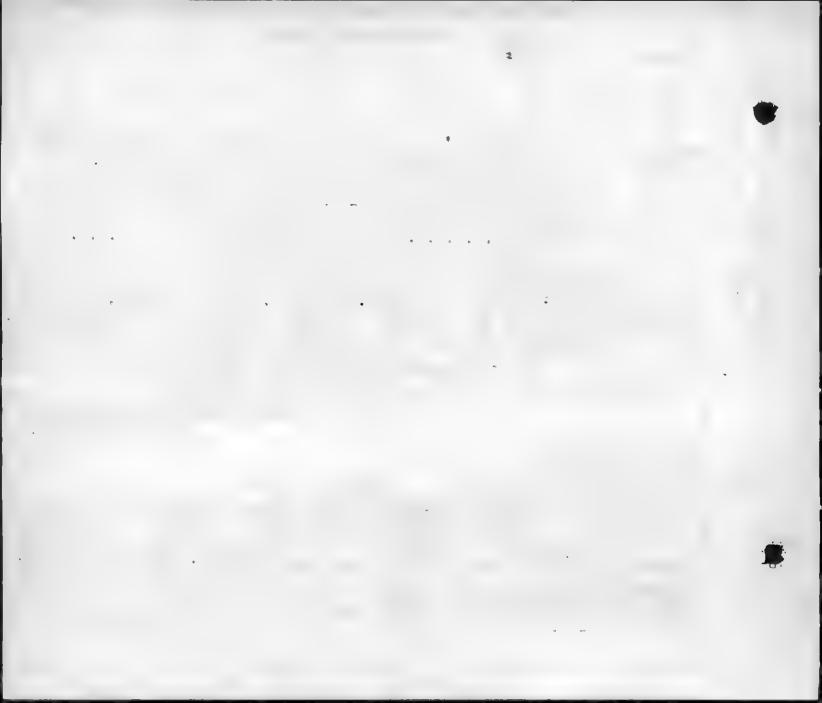


Brunswick, Maryland

Callyon & Kings

DATEEB 1 7 '59

VS A15 (4) 15M 9/55



# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page ral directo TO HOSPITAL OR ATTENDING TOTAL STATES AND THE OFFICIAL MAY be related by the offending physician and campletely filled in by the TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be derached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifter registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SS

27

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

		1890	CERTIF	ICAT	E OF DEATH	4		Reg. Dist.		roof
1.	PLACE OF DEATH a. COUNTY  b. CITY OR TOWN (if outside carpor RURAL and give nearest town)  L'CLE ILLY JYKE  d. NAME OF HOSPITAL (if not in ha OR INSTITUTION	ote limits, write	c. LENGTH OF STAY IN 2j. 9	AND	c. CITY OR TOWN (IF of STREET ADDRESS	ud	b. COUNTY	Fred	nearest to	wn) ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print) CFC R	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Middle  RDINAND  RIED MEVER MARRIED	8.0	Lost // YERS ATE OF BIRTH	4. DATE OF DEATH		UNDER 1 Y	Day EAR IF UN	
1	o. USUAL OCCUPATION (Give kind or during most of working life, even if	WIDOW f wark done 10b retired)		INDUSTRY	BIRTHPLACE (Store  7.2 224  4. MOTHER'S MAIDEN N	or foreign country	68 yrs.			AT COUNTRY
		dates of service)	SOCIAL SECURITY NO.	17. INFO	Elizaber	the St.	Address Address as IU	rik.	INTERVAL	estween .
	Conditions, if ony, which	DUE TO	retestation	-20	aliguanos a genera	Acces	1h x		S 1	Lecel
CERTIFICATION		20b. DE	CONTRIBUTING TO DEAT					I IN PART 1(	o) 19. WA PERI YES [	FORMED?
MEDICAL	20c. TIME OF INJURY Month, Do Hour a.m., p. m.	y, Year 20d. While at wo	Nat while_	fectory	OF INJURY (Home, farm, street, affice bldg., etc	20f. (City or to	ewn)	(Cov	nly)	(State)
	21. I certify that I attended to the on	the decear			-7.	M, from the ADDRESS (Street,	city or town, sle	d on the	t saw the	e deceosed sted above DATE SIGNED
L	REMOVAL (Specify)  FUNERAL DIRECTOR'S SIGNATURE  C. Barta	THEREOF  2/59  L'O	22c. NAME OF CEMENT  M. F. OCLAS  ADDRESS	ERY OR CI		D BY REGISTRAR 2 4 139	(City, town, or of Color of Co	2		ote) Mid.

heral director, d be fited-with. may be retained by the haspital or attending physician.

TO FUNERAL DIR:

After this certificate has been signed by the attending physician and campletely fittled in by the page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar remayal, and in any event within 72 hays after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the diacth certificate be executed within 24 haars after death. Page 4

VS A15 (4) 15Ⅲ 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 1867

Reg. Dist. No. 111888

PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick  c. LENGTH OF STAY IN 1b Since 1912	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Frederick
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON Frederick Memorial Hospital	d. STREET ADDRESS 4. STREET ADDRESS 4. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED HARRIETON HOFFMAN NICODEMU	IS Lost 4. DATE Month Day Year OF DEATH February 5, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	25 Jan 1880 79 yrs.
100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) House-work  Own Home	DUSTRY 11. 8IRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA  USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ETTEMENTIAL CONTROLL STATE OF THE SECOND CONTROLL SCENTIFY NO. (C. CHY OR TOWN) II obtains corporate limits, write RURAL and give negretal town)  Frederick  Since 1912  Frederick  C. CHY OR TOWN II obtain corporate limits, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN II obtain corporate limits, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN II obtain corporate limits, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN II obtain corporate limits, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtain corporate limits, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtain corporate limits, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtain corporate limits, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtains, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtains, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtains, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtains, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtains, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtains, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtains, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtains, write RURAL and give nearest town)  Frederick  C. CHY OR TOWN III obtains, write RURAL and give nearest town)  Frederick  C. ADAIS  Frederick  C. ADAIS  Frederick  C. ADAIS  Frederick  C. CHY OR TOWN  Frederick  C. ADAIS  Frederick  C. ADAIS  Frederick  C. ADAIS  Frederick  C. CHY OR TOWN  Frederick  C. ADAIS  Frederick	
1765, BO of unintered a 215 was given were or deter of sarrors?	4
None M	rs. L. M. Freeze (Same as 1tem #2)
PART I. DEATH WAS CAUSED BY: Congestive Vo	(ONSET, AND DEATH
Conditions, if any, which ) (b) Wirewiscles	the beaut Usease ys.
cosse (o), storing the under-	
Bronchial askimer: Chr.	PERFORMED?
20d. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
Hour o. m. While Not while	
The second of the decoded from the transfer of	1, 1956, to Fee 5, 1959, that I last saw the deceased
The silver silve	
SIGNATURE Stande Stand	M.D. HW 3 rel St Frederic 2-5 39
	TONE
DEMOVAL (Specify)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
M. R. Etchison and Son, Frederick, Ma	DATE B 9 '59 and 18 Kinga



O

01889

1891 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frede	riek		MARYL	- 11	- CTATE	ence (Wh		lived If institut b COUNTY			
b CITY OR TOWN (If o RURAL and give near Braddock H	ulaide corporate limits, est town) leights		Since 1-5-		_	own life reder:		ale limits, write l	RURAL and gi	ve neoresi	l lown)
d NAME OF HOSPITAL OR INSTITUTION Vindobona Co	(If not in haspital, given nvalescent	e street o	ddress) Rest Home		d STREET A		rth Ma	rket St	reet		S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First MARI	THA	Middle V •	N	JSBAUM	1	4. DATE OF DEATH	Moi Fel	oruary	10,	Year 19 59
5. SEX 6	. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	<b>X</b> B.	DATE OF BIRTH	1	9	AGE (In years	IF UNDER I		UNDER 24 HRS
Female	White	VIDOWE	D DIVORCED		Nov 1	868		ost birthdoyl yes	Months E	Days   H	lours Min
10a. USUAL OCCUPATION during most of working House-work	(Give kind of work do life, even if retired)	ne 10b. I	KIND OF BUSINESS OR At Home	INDUSTI	11 BIRTHPL Ma:	rylan	or foreign car	unlry]		ZEN OF V	VHAT COUNTRY?
13 FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME				
Samuel A. N	lusbaum				Hetti	e Sny	der				
15. WAS DECEASED EVER II	N U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INF	DRMANT	· · · · · · · · · · · · · · · · · · ·		Ado	dress		
Ne			None	Mrs	Belle	Flee	twood,	Jacksen	n, N. (	C.	
PART I. DEATH  PART I. DEATH  A Solutions, if ony, gove rise to imm couse [o], storing the	WAS CAUSED BY:  AMEDIATE CAUSE (o)_  DUE TO  which (b)_ nediote (DUE TO	e per lin	e for (a). (b). and (c).] Cut ame	eule	2 714	rull	ation			ONSET	AL BETWEEN AND DEATH Konl
PART II OTHER  PART II OTHER  200. ACCIDENT WAS I OR CONTRIBUTING  If EITHER, NOTIFY ME	UNDERLYING [] 2		ONTRIBUTING TO DEAT						VEN IN PART	P	WAS AUTOPSY PERFORMED?
OC. TIME OF INJURY Hour o. m. p. m.	DICAL EXAMINER)	20d IN While of work	Not while	0e. PLAC factor	E OF INJURY (I y, street, office	Home, form, bldg., etc.	20f. (City o	or town)	(Cc	ounty)	(Stole)
21. I certify that alive an	1 attended the of Lya	lecease , 12 5 Ann	4, and that a	5M.	ccurred at:	8:45P	_M, fram	the causes of	and an the	e date :	the deceased stated above DATE SIGNED Teb 1959
PHYSICIAN'S He		, M.			Frede	rick,					
220 BURIAL, CREMATION, REMOVAL (Specify) Burial	2-13-59		Mount Oli			У		on (City, lown, erick, )		nd	(Slote)
23 FUNERAL DIRECTOR'S S M. R. Etchi	son & Son,	Fre	ADDRESS ederick, Md	•			D BY REGISTR		ISTRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECT VS A15 (4) 15M 10/57



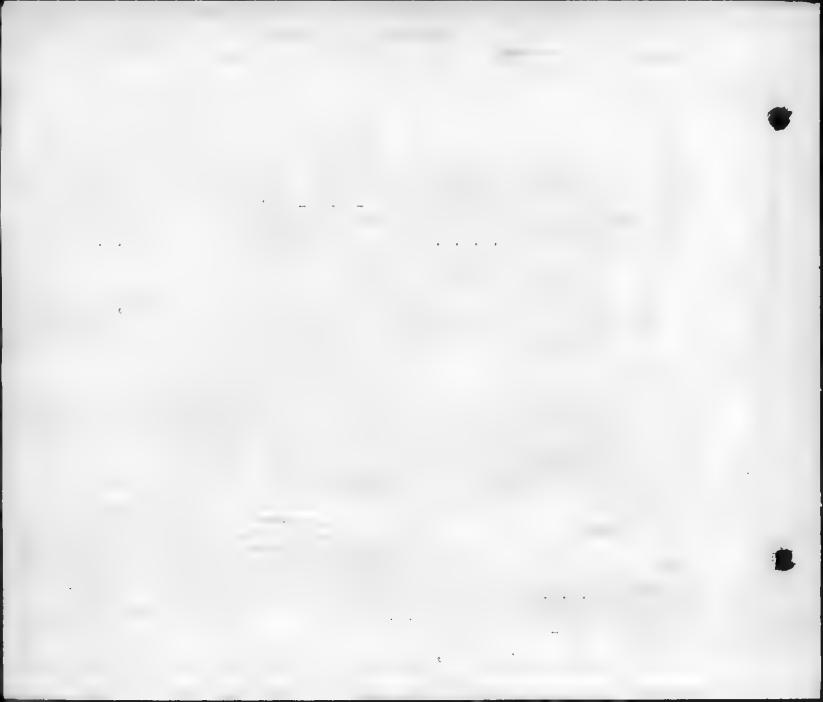
VS A15 (4) 1SM 9/SS W Cla

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		-							Reg. Dist	. Ne.	
PLACE OF DEATH	Frederic	75 k	JYRAM	- 11		ence (who		lived. If institution b. COUNTY	Fred	before od	mission) <b>k</b>
Bruns	(If outside corporate limit nearest town)	ts, write	c. LENGTH OF STAY I		c. city or to S Brur	_		ote limits, write R	URAL and give	ve negrest t	own)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	nve street	oddress)	1	d. STREET AL		lt .			01	RESIDENCE N A FARM? NO 15
3. NAME OF DECEASED (Type or print)	William	st	Edg <b>ar</b>	P	losi ainter		4. DATE OF DEATH	Mon 2	th	00y 2	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIE	0	-16-1			P. AGE (In years lost builteday) yts.		YEAR IF UI	NDER 24 HRS
during most of we	HON (Give kind of work orking life, even if retired Carman	)	KIND OF BUSINESS OF		1		ginis			S.A.	HAT COUNTRY
13. FATHER'S NAME	O ma summa		a o in in o		4 MOTHER'S				, 0	W # 25 #	
	Robert	Pain	ter				Jar	ne ?			
15. WAS DECEASED EN	VER IN U. S. ARMED FOR	CE57 16	SOCIAL SECURITY NO	17. INFO	RMANT			Adde	·ess		
No	fir yes, give war or dates or s	ecolesi		Jam	es Pai	inter		Bruns	wick.	Mary	land
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO	4	ne for (t), (b) and (c).	Te	Ter	021	1			INTERVAL ONSET A	BETWEEN NO DEATH
Conditions, if gave rise to couse (a), statin lying couse las	g the under-										
STILL	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PE:	AS AUTOPSY REORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	20b. DE\$4	CRIBE HOW INJURY OC	CURRED (E	inler nature of	injury in Pi	ort I or Port	If of item 1B.)			
ZOC. TIME OF INJU Hour e. m	10	ar 20d. If While of wor	Not while	20e PLACE foctory	OF INJURY (I- r, street, office	lome, form, bldg., etc.)	20f. (City	or town)	(Co	ounly)	(State)
21. I certify alive on ACTUAL SIGNATURE	that Lattended the	deceps 19		deoth oc			_M, fram	the causes of eet, city or town.	nd on the		
PHYSICIAN'S NAME (Type)	J.G.F.S					***		nswick		ylan	d
220 BURIAL, CREMAT REMOVAL (Specif Buria)			Edge Hi		REMATORY		Chai	rlestow	n Wes	t vi	rginis
23. FUNERAL DIRECTO		Brun	ADDRESS ISWick, Mar	ylan		24o, REC'D	BY REGISTR		TRAR'S SIGN		



on Dist No.

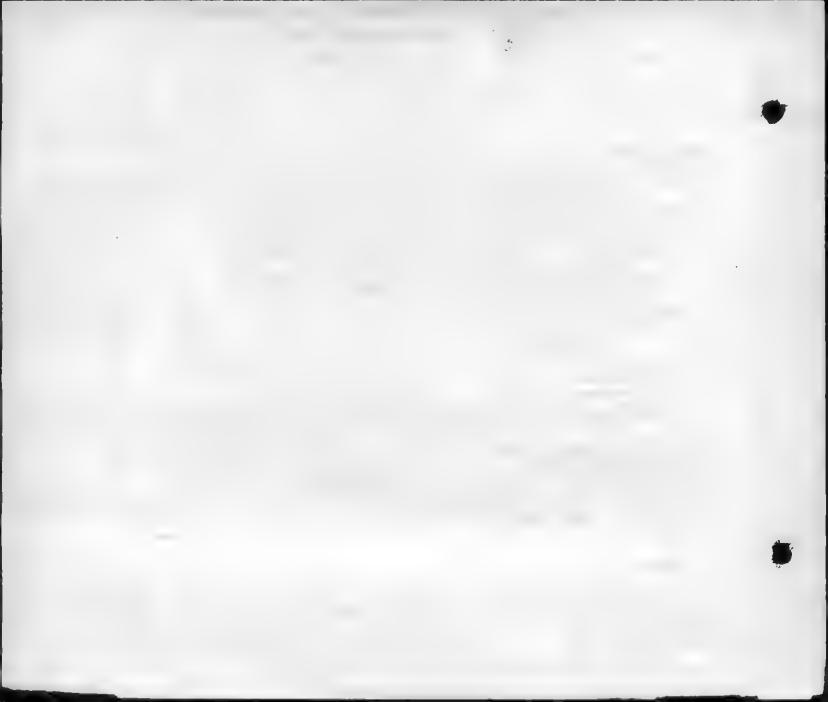
Ł						Keg. DISI. No.
1.	PLACE OF DEATH © COUNTY	MARYLAND	2. USUAL RESID	ENCE (Where decea	ed lived. If institution	Residence before admission)
L	Frederick			74x4 197	1	Fraderick
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c CITY OR TO	DWN (If outside car)	porote limits, write RUI	RAL and give nearest town)
	THE HEAT	10mx 12 1	X ma	1645 211	1/0	
_	d. NAME OF HOSPITAL (If not in hospital, give street addre	(1/1) [ 1/1   1   1   1   1   1   1   1   1   1	J. STREET AL			e, IS RESIDENCE
	OR INSTITUTION	. 11	10. 51			ON A FARM?
_	Frederick County Chro	nic Hap	<u> </u>			YES P NO [
3.	NAME OF First	Middle	Lost	4. DATE	Month	Day Year
	OECEASED (Type or print) 7 / D4	ZUUlter	. D	OF DEAT	H Fod	15 195
5	SEX   16. COLOR OR RACE   7. MARRIED F	NEVER MARRIED	8. DATE OF BIRTH	11/8/	<del></del>	FUNDER 1 YEAR IF UNDER 24 H
	7 mile Fish to WIDOWED		1 -100 11	- 1001	9. AGE (in years lost birthday)	Months Days Hours Min
10	lo. USUAL OCCUPATION (Give kind of work done 10b. KIND		STIVITE RIPTHPLE	CE (State or Foreign		12. CITIZEN OF WHAT COUN
	during most of working life, even if retired)		1/2		200//	U.S.
_	carpenter se.	lf employe		ryland		0 0 0 0
13	FATHER'S NAME		14. MOTHER S	MAIDEN NAME		
	Hezekich tolm	40 pm	mar	u St.	Hlumi	100
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17	NFORMANT	/	Addre	
17	(es, no. as unknown) [If yes, give wor or dates of service]	one T	7.46 Ba	11/10	uc + T	- 6 - 60 4
=	- AAA		419514	CYAXA K	(1. Supla F)	rederick lourity
	18. CAUSE OF DEATH (Enter only one cause per line for	(a), (b), and (c),		0		INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY:	ruces on	uldea	-de tes		2 48:00K
	422 / DUE TO					
	A.L	- T. C.	11 -			3.000
	Conditions, if any, which by CALLE	. They were the	1-0-0-01			~ 7.11
	couse (a), stating the under. DUE TO	72	1 12-	10		13417
	lying couse lost. (c) 1. Ag	rebus	(28)	better	pel .	07.
O	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIVE	
ATI						PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE	HOW INJURY OCCURRE	D (Enter nature of	injury on Park t as D	art II of item 18 t	LI HO [
ERTH	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	o. (Enier notive of	mpary mirrori i of F	217 11 OF HERT 10.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJUR	E-	ACE OF INJURY (H		ly ar town)	(County) (Sla
(ED	Hour o.m. White	LACIL MALITIES	ctory, street, office	pieg., etc.)		
2			A	- /	un proper	
	21. I certify that I attended the deceased f	rom_11/3-	, 19.56	, ta 2/12	19.5.4.	that I last saw the decea
	alive an 2/14 19.59	, and that death	occurred at.	5 a.M. fro	im the couses an	d an the date stated ab-
	de la la	,			Street, city or hauscal	
	ACTUAL YTYX SILLE		7.71	Mertle	The Ym	Lucia Der Files
	SIGNATURE		M.D			100 ID 18
	PHYSICIAN'S					
	NAME (Type) Dr. H. Kline					
22		NAME OF CEMETERY O	R CREMATORY	22d. LOC	ATION (City, fawn, or	county) (State)
	REMOVAL (Specify) 2/17/1959 1	atheran C	emetery		ersville	277
22	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	CITE CET A			RAR'S SIGNATURE
43			712	24o. REC'D BY REGI	15.0	
	Gladhill Company, Mic	ddletown,	Fid.	DATE FEB 1 8	23	May S. Frank

and director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death; Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be beigned for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shi the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

> VS A15 (4) 15M 9/55

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1893

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

Rea. Dist. No.

01899	- N	1	8	9	2
-------	-----	---	---	---	---

	1. PLACE OF DEATH COUNTY Free	erick		MARYL	- 13	USUAL RESIDENCE o. STATE Mary	(Where decease		tion: Residence Y Frede	
	b. CITY OR TOWN (I RURAL and give no Middletown	f outside corporate limi arest town) -Rural	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If outside corp lerick	orate limits, write	RURAL and giv	e nearest lawn)
	d NAME OF HOSP TO OR INSTITUTION Valley Viet	AL (If not in hospital, s r Nursing H		oddress)		d. STREET ADDRESS		trick St	reet	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	LIL		Middle BIRE	LY	PARKER	4. DATE OF DEATH		mth ebruary	Day Yeor 7, 19 59
	5. SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWE	IED NEVER MARRIEI D NOVORCED		ATE OF BIRTH  L Feb 1880	)	9. AGE (In years lost birthdoy) 79 yrs	Months D	YEAR IF UNDER 24 HRS. Dys Hours Min.
I	Retired Ho	ON (Give kind of work ing, life, even if retired STOSS	1	KIND OF BUSINESS OF COLLEGE	RINDUSTRY	11. BIRTHPLACE (SE	_	country]	12 CITIZI US.	EN OF WHAT COUNTRY?
	13. FATHER'S NAME				1	4 MOTHER'S MAIDE				
	J. W. Bir				100 000	Martha E.	• Feeze:			
	15. WAS DECEASED EVE IYOL no. or unknown)	R IN U. S. ARMED FOR	CES7 16.	Unk		Martha K	. Slemm	er Frede	erick,	nd St.,
	1 1	TH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	01	e for (o), (b), and (c)-]	Her	norrea	ge			INTERVAL BETWEEN ONSET AND DEATH
	Candinian 16 -	DUE TO	1			6				d'
	Conditions, if of governise to it couse (a), stating lying couse lost.	nmediote (								
4	PART II OTH		DITIONS C	OF LEAD	TH BUT NO	T RELATED TO THE TE	RMINAL DISEA	SE CONDITION G	IVEN IN PART I	(e) 19. WAS AUTOPSY PERFORMED? YES NO XX
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRED (I	nter noture of injury	in Port 1 or Pa	et II of item 18 )		
	20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Yes	While	IJURY OCCURRED Not while of work	20e. PLACE factory	OF INJURY (Home, 1 , street, office bldg.,	form, 20f. (Cit etc.)	ly or town)	(Cou	unty) (State)
	21. I certify the	at Lattended the	decease		death or	, 19 <u>58</u> , ta		7, 19_5	Z,that I la	st saw the deceased
/	ACTUAL SIGNATURE	resoundl		linca Ja	L_MD	228 N. Ma	ADDRESS (	Street, city or town		DATE SIGNED 9 Feb 1959
1	PHYSICIAN'S I	Bernard O.	Thoma	s, Jr., M.	• D•	Frederic	c, Md.			
	220 BURIAL, CREMATIO BUTTA (Specify)	2-9-59	F	Mount Oli				derick, lown,	* * *	(State)
	23. FUNERAL DIRECTOR' M. R. Etch		, Fre	ADDRESS derick, Mar	rylan	24a. R	EC. P. BY REGIS	TRAR 24b. REG	ISTRAR'S SIGN	ATURE

DATE

may be retained which the massified or ottending physicion.

O FUNERAL DIRE with After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shither registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. may be retained TO FUNERAL DIRE TO NOTHITAL OR VS A15 (4) 15M 10/57

ATTENDING FIFY ILCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

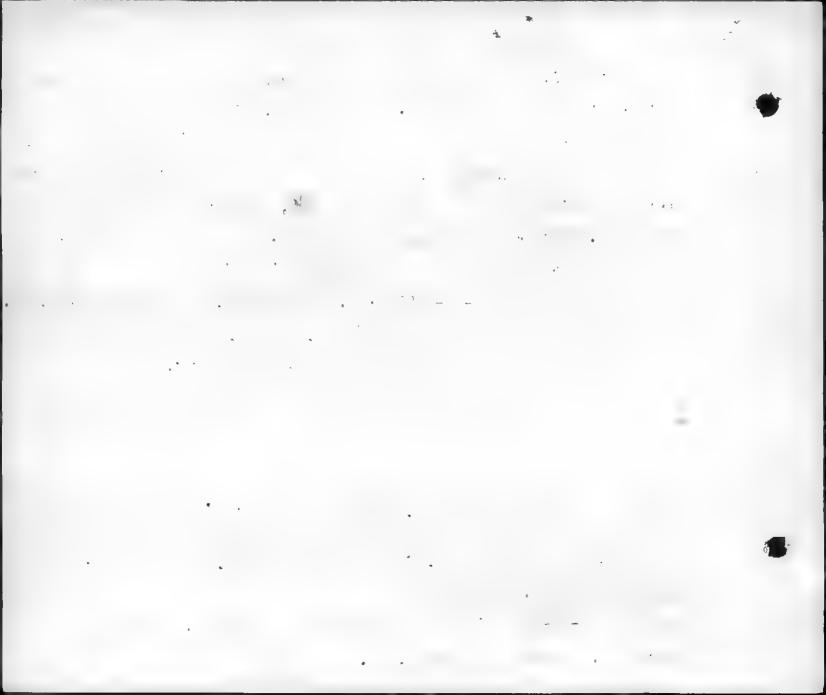


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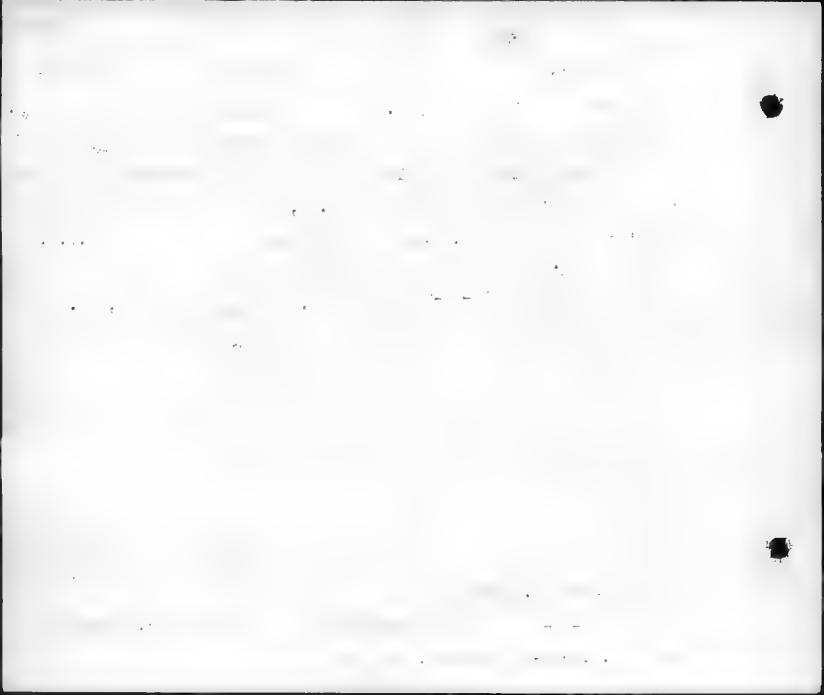
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VS A15 (4)

15M 9/58

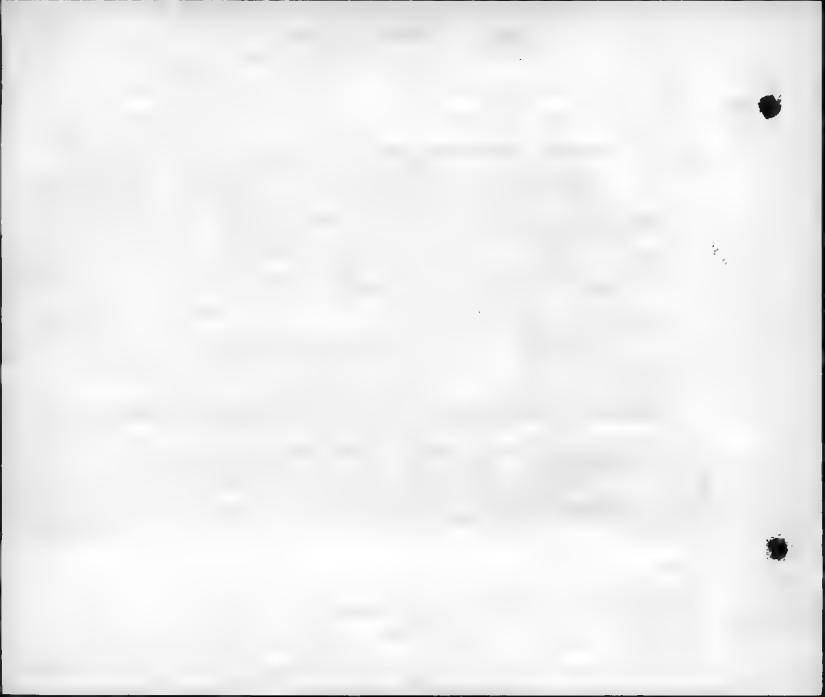


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





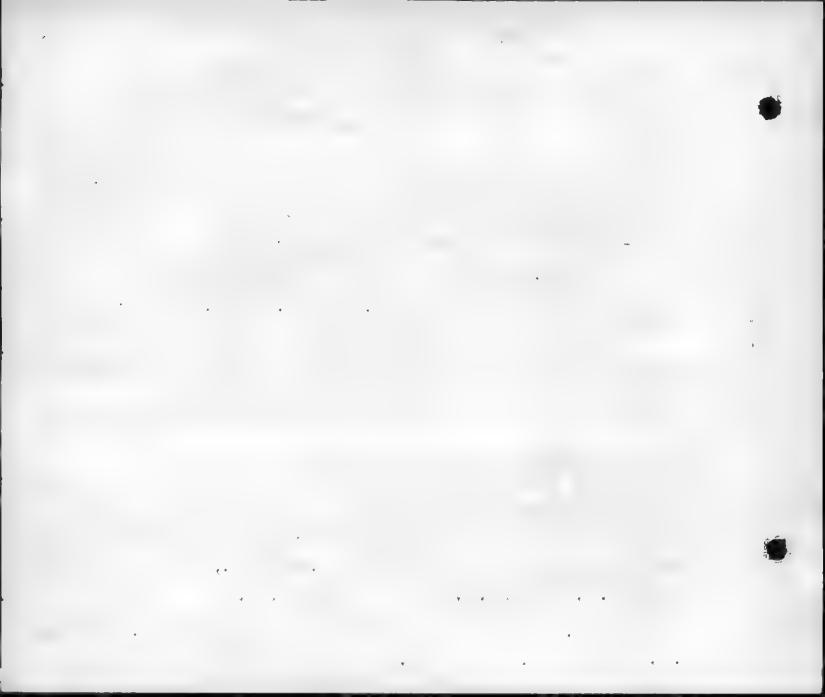
VS A1S (4) 15M 10/S7

90

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1896

**CERTIFICATE OF DEATH** 

	CERTIFIC	AIE OF DEATE	<u> </u>	Reg. Dist. No.
1. PLACE OF DEATH O COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WE O. STATE Maryla	h country	on Residence before odmission) Frederick
b CITY OR TOWN (If outside corporate limits, w	write c. LENGTH OF STAY IN 16	1	outside corporate limits, write R	
Braddock Heights	Since 11-8-58	// Adamst		UKAL ONG GIVE NEGIESI IOWN)
d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION VINCODERA CONVALESCENT	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		<u> </u>		YES NO []
3 NAME OF First DECEASED (Type or print) MYRTLE	JANE STO	ONEBURNER	4. DATE Mon	
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	DOWED DIVORCED	December 30,	1879   last birthdoy) yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most at working life, even if retired)				12. CITIZEN OF WHAT COUNTRY
House-work	At Home	Virginia		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
William C. St		Sara	h Ellen Smith	
15 WAS DECEASED EVER IN U. S. ARMED FORCES	01	INFORMANT	Add	
No No	None Mi	rs. Charles A.	Walters, Same	e as item #2
18 CAUSE OF DEATH [Enter only one couse		4		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Control Mis	noukear.		ONSET AND DEATH
443× DUE TO	2 4 0			2
Conditions, if ony, which ) (b)	arthorely	ren		glan
gove rise to immediate DUE TO	any/	11 11		
lying cause lost. (c)		Hiert Cus		
PART II. OTHER SIGNIFICANT CONDITION  200 ACCIDENT WAS UNDERLYING [] 206 OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
200 ACCIDENT WAS UNDERLYING 200 OR CONTRIBUTING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in I	Port I or Port II of item 18.)	
Hour o m.	20d INJURY OCCURRED 20e. P. While Not while for work at work	LACE OF INJURY (Home, form actory, street, office bldg, etc	; j 20f. (City or town)	(County) (State)
21. I certify that I attended the de	ceased from	, 19, ta	7. f 12 1059	,that I last saw the decease
				and on the date stated above
7100	4		ADDRESS (Street, city or town,	
SIGNATURE / F	Kensy	M.D. 17 E. Sec	ond St.,	12 Feb 1959
PHYSICIAN'S H. L. Fahrney	, M. D.	Frederick	, Md.	
220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, o	or county) (State)
Burial Feb. 14,19	59 Union Cemete	ry	Levettsvi	Llle, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REG/	BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE
M. R. Etchison & Son,	Frederick, Md.	DATE	B 1 5 23 C	LA & Thomas



MARYLAND

Reg. Dist. No.

Frederick

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

1. PLACE OF DEATH

o. COUNTY Frederick

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

	, ,	ŧ	b CITY OR TOWN (If outside corporate limits, write RURAL and give represt town)  Frederick  1 day	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick-Rural RD#6
d 2 show	7	F	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR, INSTITUTION Memorial Hospital	d street address Quinn Road  o is residence on a farm? YES NO
Duo   and		3	NAME OF First Middle DECEASED (Type or print)  NAME OF First Middle HENRY	SUMMERS OF THE Month Day Yeor February 11, 19 59
a. Poges				ATE OF BIRTH  9. AGE (In years of the pears
death.		10a	usual Occupation (Give kind of work done during most of working life, even if retired)  Laborer  Taborer	11. BIRTHPLACE (Slove or foreign country)  Maryland  USA
carban ofter d	*	13.	FATHER'S NAME	. MOTHER'S MAIDEN NAME
ura of		15	Philip W. Summers  WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFOR	Margaret A. M. Zimmerman
72 hours		(Y#1	at the control at the same was as stated to control	Howard U. Quinn (Same as item #2)
en piecs			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Large interfere	abetuction; come defined 9 day
ermif. Th			gove rise to immediate (b)	abstruction, cowar defined 9 day
ransıt p		NO	lying couse lost. (c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
ourial-r	2	CERTIFICATION	20g ACCIDENT WAS UNDERLYING □ 20b. DESCRIRE HOW INJURY OCCURRED (FI	PERFORMED? YES NO [ nter nature of injury in Part   ar Part    of item
o, or r			OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
r use a ematia		MEDIC	Hour o, m, While Not while factory. p. m. 19 of work of work	OF INJURY (Home, form, street, office bidg., etc.)
rial, c			21. I certify that I attended the deceased from 2 - 4 alive an 2 - 9 - 1259 , and that death occ	. 19 59, to 2-10-, 1959, that I last saw the decea
to bu			0 1 -0 - 1	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  DATE SIGN
priar	à			35 E. Church St., 12 Feb 195
s snaula gistrar pi	1		NAME (Type) Rex R. Martin, M. D.	Frederick, Md.
page & shau the registrar			Burial Cremation, 22b Date thereof 22c Name of Cemetery or Cre Burial 2-14-59 Lutheran Cemeter	
(4) /57			FUNERAL DIRECTOR'S SIGNATURE  M. R. Etchison & Son, Frederick, Md.	246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE FEB 1 6 59
37				Land & Mary



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

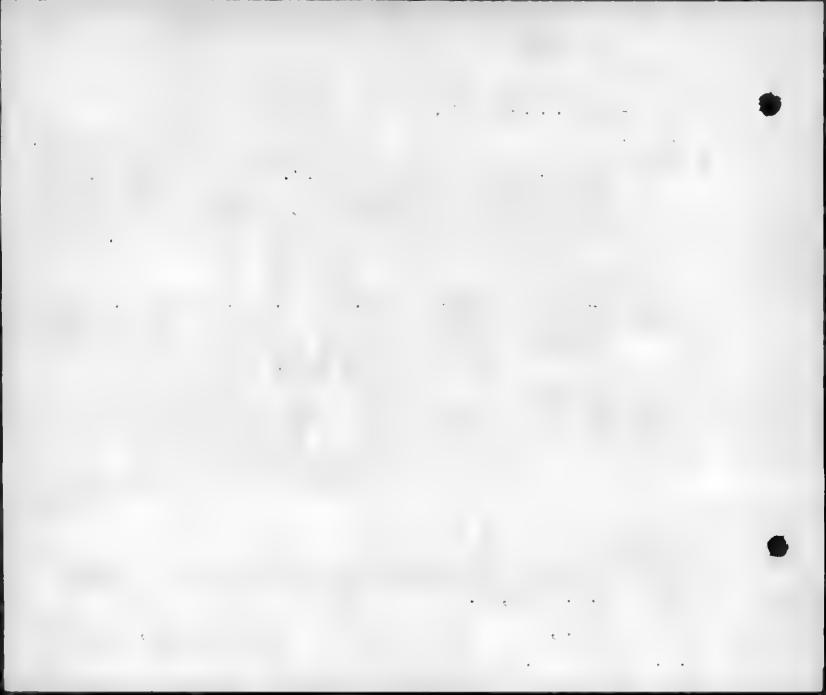
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Reg. Dist. No.

o. COUNTY	derick	MADYIANI	I STATE		- 1 000	TTV -		ssion)
b. CITY OR TOWN (if outside corpo								wn)
	-R.F.D.#5	Min.	F:	rederick				
d. NAME OF HOSPITAL OR INS	TITUTION (If not in he	ospital, give street address)	11 /				e. 15 RE	SIDENCE A FARM?
Clifton Road				Ц West S	outh Stree	et		
3. NAME OF DECEASED (Type or print)	DeHAVEN	Middle SAMUEL		0.5			- 6	
5. SEX 6. COLO	R OR RACE 7- MARR	ED NEVER MARRIED	B. DATE OF BIRT	1	9. AGE (In years		-	
Male Wh:	ite woow	ED KK DIVORCED	Decembe	r 5, 1901	1 6 7		ays Hours	Min.
100. USUAL OCCUPATION (Give k during most of working life, every purification)	ind of wark dane 10b. n if retired)	KIND OF BUSINESS OR INDU	1		gn country)	12. CITIZI	USA	COUNTRY
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
Samuel To	CERS		Ma	ry Kauffin	839.			
Frederick  b. CITY OR TOWN III conside expenses times, write RUPAL and give nearest travel  b. CITY OR TOWN (If outside corporate timits, write RUPAL and give nearest travel)  Frederick  Frederick  A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Clifton Road  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Clifton Road  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Clifton Road  3. NAME OF BECKASED (If year or print)  DeHAVEN  SAMUEL  TOMS, SR. DEATH  February  28, 1955  5. SEX  A. COLOR OR RACE  White  WIDOWED K DIVORCED  DeCEMBER 5, 1901  TOMS, SR. DEATH  PART I. OF TOWN (If outside corporate timits, write RUPAL and give nearest travel)  I. SAME OF BERTH  Doy  Year  Y. AGE TO year  Month  Doy  Year  Y. AGE TO year  Month  Doy  Year  Y. AGE TO year  Month  Doy  Year  100. USUAL OCCUPATION (Give kind of work done)  USA  101. HOTHER'S MAIDEN NAME  Samuel Tors  114. MOTHER'S MAIDEN NAME  Mary Kauffnex  115. WAS DECEASED EYER IN U. S. ARMED FORCES?  I. S. SEX  II. MOTHER'S MAIDEN NAME  Mary Kauffnex  115. WAS DECEASED EYER IN U. S. ARMED FORCES?  II. SAME DECEASED EYER IN U. S. ARMED FORCES?  II. SAME OF DEATH  MOTHER'S MAIDEN NAME  Mary Kauffnex  115. WAS DECEASED EYER IN U. S. ARMED FORCES?  II. SAME DECEASED EYER IN U. S. ARMED FORCES?  II. MOTHER'S MAIDEN NAME  Mary Kauffnex  Mary Land  ONE TO MARY LANG  MORITAL ENVERNMENT  Address  Walkersville, Maryland  III. SHAPPLACE (State or foreign country)  III. MOTHER'S MAIDEN NAME  Mary Kauffnex  Mary Kauffnex  ON TOWN OF THE SHAPPLACE (State or foreign country)  III. MOTHER'S MAIDEN NAME  MARY LA								
No No	2	217-10-9353	Mrs. Art	nur L. Cri	um, Walker	rsville	, Maryl	and
		for (a), (b), and (c).]					INTERVAL BETWEE	EN TH
		YOCARDIAL INF.	ARCTION				2 D.	AYS
4-20,0								
		ERIOSCLEROTIC	HEART D	ISE <b>CSE</b>			YEA	RS
(0), stating the underlying								
	(c)	ONTE BUTING TO DEATH BUT	NOT PELATED YO	THE TERMINIAL DISE	EASE CONDITION G	VENIN BADY	V-VID MAS A	ALITORSV
CATIO		01111 001110 10 0121111 001		THE TERMINACE DIST		TEN IN FAKI	PERFOR	RMED?
	G 🗖 20b. DESCRI	BE HOW INJURY OCCURRED.	(Enter nature of in	ijury in Port I ar Par	t II of item 18.)			
20c. TIME OF INJURY Mor	Whi	le Not while fa	LACE OF INJURY ( ictary, street, affici	Home, form, 20f. ( bldg., etc.)	City or fown)	(Coun	ly)	(State)
21. I certify that I too	k charge of the	remains described ab	ove, held an	Autopsy 🔼,	Inspection 4	, Inquiry	🔼, and f	find the
death resulted from:	Natural causes	🟋, Accident 🔲, S	uicide 🔲, 🕒	lomicide 🔲,	Undetermined	cause $\square$ .		
	201						DATE EL	ICHIED
	6607	nas	M.D. CHIEF	MEDICAL EXAMINER				
EXAMINER'S B. (	. Thomas,	Md.			0.0		2/20/5	7
			OR CREMATORY	22d. LO	CATION (City, town,	, ar county)	(Stale	2)
Burial Mar	.3,1959	Utica Cemet	ery	Free	derick Cou	inty,	Mary	land
				24a, REC'D BY REC	GISTRAR 246. REG	SISTRAR'S SIGN		
M. R. Etchison	& Son, Fre	derick, Maryl	and	DATE MAR 3	.29	inthur S.	That!	

TO DEPUTY MEDICAL EXAMINER: This cartificate should be executed within 24 hours after death. If any delay is necessary, please each cute the cert factor, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the st Medical Examiner's Office along with farm PM3. Page 5 may be refained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages Vand 2 with the registrar prior to forworded to the or removol. VS. A15ME(5) 5M 9/55



ATE		MEDICAL EXAMINER	S'S CERTIFICATE OF DEATH Reg. Dist. No. 1651
DEPT.	1.	LACE OF DEATH COUNTY Frederick MARYLAN	2 ASUAL RESIDENCE (Where deceased lived. If institution Peridence before admiss on)
0	ŀ	c. CITY OR TOWN (if outs de corporate limits wire RURAL c. LENGTH OF STAY IN 1 and greatement town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		end of Emmilttsburg, R.F.D.2 Life	Emmittsburg R.F.D.2
00		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  a. IS REGIDETAL  ON A FARM  YES \( \sum \) NO [
		NAME OF DECEASED Type or print)  Christopher Eugene	Topper death Feb. 9 19 59
	5. S	Male Whitewidowed DIVORCED	Nov.25, 1958 Nov. 25, 1958 Norths 2 14 Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IND wring most of working life, even if retired)	USTRY 11. BIRTHPLACE (Slote or foreign county)  12. CITIZEN OF WHAT COUNTY  Trefter 6k Co.  U.S.A.
T)	13.	Richard Curtis Topper	Hazel Eva Glaken
	15. [Yes	WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 11.	Mrs. Richard Topper, Emmittsburg.R.D
	ZO	gove rise to immediate couse (b), stating the underlying couse last. (c)	Troncho pneumonia probably Viral  IT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1(6) 17. WAS AUTOPS
1.	CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PERFORMED? YES NO (Enter nature of injury in Part 1 or Fart 11 of riem 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While Not while of work of work	PLACE OF INJURY (Home form, 20f. (City or town) (County) (Stole actory, street, office bidg., etc.)
		21. I certify that I took chorge of the remains described a opinion deoth resulted from: Natural causes 🛣, Acciden	bove, held an Autopsy 🔀. Inspection 🔼, Inquiry 🕅. and in m t 🔲, Suicide 🔲, Homicide 🗍, Undetermined manner 🗍
		ACTUAL SIGNATURE BUTTER	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
5		EXAMINER'S B.O. Thomas who	DEFUTY MEDICAL EXAMINER \$ 2/9/59
2			
2	220	BURIAL CREMATION. 22b. DATE THEREOF PLANE OF CEMETERY REMOVAL (Specify)  P. U. B. I. A. L. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	OR CREMATORY  22d. LOCATION (City, fown, or county)  (Stote)  CATHOLIC EMMITSBURG MARYLITNA  240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE



		MARYI	LAND STATE	DEPARTM	ENT OF HE	ALTH-BAL	TIMORE, 1	8	04000
		7	899	CERTIFICA	ATE OF DE	ATH		Reg. Dist. No.	n1900
	PLACE OF DEATH o. COUNTY	rederick		MARYLAND	a. STATE	NCE (Where decease	d lived If institution b. COUNTY	Residence befo	·
		(If autside corporate limi		H OF STAY IN 16	c. CITY OR TO	WN (If outside corpo	prote limits, write RU		
00	A 4 OCA	PITAL (If not in hospital, g		d. Pa.	A Rura  d. STREET ADD  R.D.#		ield. Pa		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Fire	si	Middle	last	4. DATE OF	Mont	h Do	y Year
	. SEX	Martin 6. COLOR OR RACE	7. MARRIED NE	- 1	Tressles  B. DATE OF BIRTH		9. AGE (In years last birthday)		19 59 IF UNDER 24 HRS Hours Min
	Male  On. USUAL OCCUPAT  during most of w	I/hite TION (Give kind of work of prking life, even if relired)	WIDOWED 17	DIVORCED DIVINESS OR INDU	March 18		90 yes. country)		F WHAT COUNTR
	Farme 3. FATHER'S NAME	r				s Co. Pa		U.S.	<u>A. •                                     </u>
	S. WAS DECEASED E	Jacob Tre VER IN U. S. ARMED FOR I (1) yes, give wer or doles of the	CES? 16. SOCIAL SE		NFORMANT	arah Kin ssler, F	Addr		./3
	PART I. D  4 20 Conditions, if gove rise to couse (o), statin lying couse los	ony, which   (b)   (b)     DUE TO	Coro	b), and (c).]	accl dage	usi o	<b>N</b>	INTI ONS	RVAL BETWEEN LET AND DEATH 24 VVV
O	PART II. C	VAS UNDERLYING TO CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESCRIBE HOW		Š			EN IN PART 1(a)	PERFORMED?
201420		URY Month, Day, Yes	20d. INJURY OCC	while for	ACE OF INJURY (Hortory, street, office b	me, farm, 20f. (City	y or town)	(County)	(State
	21. I certify alive on	that I attended the		and that death	occurred at.		n the causes a	nd on the da	the decease the stated abo
1	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	RAII	HENDE	MAM - RSON	M.D. Gair	field, i	adam	s (o.)	Ja 2-10
		2/ 13/ 59	St.	Jacob	s	Fairi		.D.#1 H	(State)
2.	S. FUNERAL DIRECTO	A STORESTORE	ADDI	KC33	24	to. REC'D 8Y REGIST	IKAR 246. REGIS	TRAR'S SIGNATUI	(E



V\$ A15 (4) 15M 10/57 闘

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1900 CERTIFICATE OF DEATH

Reg. Dist. No.

	- {	)	1	9	All the	e dia	ĺ
--	-----	---	---	---	---------	-------	---

1. PLACE OF DEATH O COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvla)	ere deceased lived I finistitution Residence  b. COUNTY Free	ence before admission)
b CITY OR TOWN (If outside carporate limits, write RURA) and give nearest lown? Frederick-Rural RD#7	c length of stay in 16  Life	1) ,	utside carporole limits, write RURAL and ick—Rural RD#7	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street YOLLOW Springs	address)	/ d. STREET ADDRESS Yellow	Springs	ON A FARM? YES NO I
3 NAME OF First DECEASED (Type or print) LOUIS	Middle EDWARD	TWENTEY	4. DATE Month OF DEATH Februar	Day Year y 26, 1959
5. SEX 6 COLOR OR RACE 7. MARR		B DATE OF BIRTH	9 AGE (In years IF UND! last birthday) Manths	ER TYEAR IF UNDER 24 HRS
Male White widowi		14 Jan 1907		
100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Office Manager	kind of business or indu Vews-Post	STRY 11 BIRTHPLACE (Store of Maryland	* ''	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
George L. Twentey		Sadie E. St	ummers	
CVAL		nformant s. Vada W. Two	entey (Same as it	em #1)
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stoling the under-lying cause lost.  Part II OTHER SIGNIFICANT CONDITIONS C	Ponte Un		tin Kepnins	2 1/2 Green
ICATIO	TRIBE HOW INJURY OCCURRE			PERFORMED? YES NO KK
20c. TIME OF INJURY Month, Day, Year 20d. It	Not while of work	ACE OF INJURY (Hame, farm, clary, street, affice bldg , etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an February 12.5		occurred at 3 A		
PHYSICIAN'S Thomas E. Stone	M. D.	Frederick,	Md.	
Burial (Specify) 3-2-59	Mount Olivet		22d LOCATION (City, town, or county) Frederick, Maryla	
23 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fre	ADDRESS	240. REC'D	BY REGISTRAR 246 REGISTRAR'S S	IGNATURE



CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) filed b. COUNTY MARYLAND CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE **OP-INSTITUTION** ON A FARM? YES NO 7 NAME OF Middle Lost 4. DATE Yeor DECEASED OF DEATH (Type or print) 19 5. SEX MARRIED NEVER MARRIED 12 .- B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (in years last birthday) yrs. Manths Min. WIDOWED T DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SEAMST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cattse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🗖 20g ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INTURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while al work at work p. m. 1950, 104017 7 21. I certify that I attended the deceased from 🔑 🤇 ..., 1955, that I last saw the deceased 45PM, from the causes and an the date stated above. and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) as 22a\_BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY. 22d (LOCATION (City, town, or county) pode (State) FUNEBAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S/SIGNATURE VS A15 (4) DATE LO O 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



01903

(Stote)

of S. Thraces.

	TOOI		01 24:11			Reg. Dist	No.	
o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Ma.)	here deceased	lived. If instituti b. COUNTY		before admissi deric	
FOXVIII	(If outside corporate limits, wrongerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	rote limits, write R	URAL ond gi	ve nearest town	}
d. NAME OF HOSPI OR INSTITUTION	None	(reet oddress)	d. STREET ADDRESS					DENCE FARM? NO
NAME OF DECEASED (Type or print)	Charles	Middle	Winfield	4. DATE OF DEATH	Febr	uary	1.	ear 9 59
male	and all the a	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  July 21.	1888	9. AGE (in years lost birthday) 70 yrs.	-	YEAR IF UNDE Doys Hours	R 24 HRS. Min.
Ca. USUAL OCCUPATE during most of wor	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDI Retired		and	ountry)	12. CITIZ	U.S.A	OUNTRY?
Thomas	Winfield		14. MOTHER'S MAIDEN					
PART 1. DEA  Conditions, if of gave rise to it couse (o), storing lying couse lost.  PART II. OT  PART III. OT  OR CONTRIBUTION	immediate put to (b). Put to (c). (c). (c). (d)	M = 1	Russilii (		E CONDITION GIV		PERFO	TWEEN DEATH
20c. TIME OF INJUI Hour o. m. p. m.	19 4	thile Not while twork of work of the ceased fram	PLACE OF INJURY (Home, for actory, street, office bldg., etc.), 19.67, ta., the accurred at 3.	M, fram	11111	Frat I las		

DATE

1207 a by the same Analyzak Nazylana Mild of the leading allivia 25 year there are 1 on thesaude Minitally sections SESS IS VINE - - SALMA - SALMA breferell berried terms . . . . norwa binifeld es 'Wg 1 s 219-12-0169 Mrs. Edebt Srits dev sindsor, His. the same that the court of the the terms - Circle of Philippin Circle De mar Shirten of Gotte arel suralli Herial 2-7-19 Server Des Cor. The applied who need the apparature registery is not the

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n.	o. COUNTY	REDERICK	, , ,	MARYLAN	- 11	USUAL RESIDENCE (NO. STATE MARY)		b. COUNTY	n: Residenc	RICK	lmission)
	b. CITY OR TOWN (I RURAL and give no FREA	f outside corporate limits CRICK	, write	c. LENGTH OF STAY IN	16	FREDERT		orote limits, write RU	IRAL and g	ive nearest	lown)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, git 128 South			1	d. STREET ADDRESS	South h	arket St	•	0	RESIDENCE IN A FARM?
	NAME OF DECEASED (Type or print)	RALPH		VICTOR Middle	YOU	NG Lost	4. DATE OF DEATH	February	9,	Day	Year 1959
5.	sex <b>Male</b>	100 at the	7. MARRI WIDOWEI	NEVER MARRIED [	- 10-	tober 26	1874	9. AGE (In years lost withday)		YEAR IF U	INDER 24 HRS.
100	during meet of work	ON (Give kind of work dinadife even if retired)		armacist	NDUSTRY	11. BIRTHPLACE (Sto				ZEN OF W	HAT COUNTRY?
13.	FATHER'S NAME SERVED	Noah Young			14	Leura		ia Herrin	g		
15. (Ye		R IN U. S. ARMED FORC		16-09-8460		s. Mary Le	ee Your	Addr 128		Marke	t St.
NC	232× Conditions, if or gave rise to in couse (o), stoling lying cause last.	the under-	A	rteriv sc	lx	sis, (	jeng-	alszed		20	y the co
CERTIFICATION	20a. ACCIDENT WA	ilateral	PA	RIBE HOW INJURY OCCU	tis	yan.	59			PE	NO NO
MEDICAL	20c. TIME OF INJUR Hour a. fr. p. m.	Y Month, Day, Year	While	JURY OCCURRED 20e Not while at work	foctory,	OF INJURY (Home, for street, office bldg., e	rm, 20f. (Cit	y or town)	(C	ounty)	(Stote)
	21. I certify the alive an	at I attended the Februs 8	decease 12	d fram Jan 1		, 1957, to curred at 1:30	AM, fra	m the causes as	nd an th	ast saw t le date s	he deceased lated abave. DATE SIGNED
	PHYSICIAN'S NAME (Type)	Ralph L. M			<u> </u>		rick S	hopping C	enter	trede	rich, Ma
224	BURIAL CREMATION	2/11/59		Mt Olivet (				TION (City, town, or derick, M			State)
772	CHAICO EN AIRCE NORTH	O CITATION A T		ADDRESS	-						

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